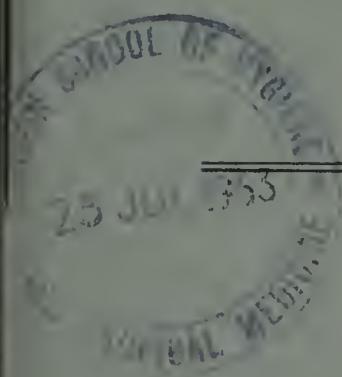


ESSEX EDUCATION COMMITTEE.



REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

Medical Inspection and Treatment of  
School Children

FOR THE

YEAR ENDED 31st DECEMBER, 1929.

---

CHELMSFORD :

Printed by John Dutton, 8, Tindal Street, and 91, High Street.



ESSEX EDUCATION COMMITTEE.

---

---

REPORT  
OF  
SCHOOL MEDICAL OFFICER  
ON THE

Medical Inspection and Treatment of  
School Children

FOR THE  
YEAR ENDED 31st DECEMBER, 1929.

---

CHELMSFORD :  
Printed by John Dutton, 8, Tindal Street, and 91, High Street.

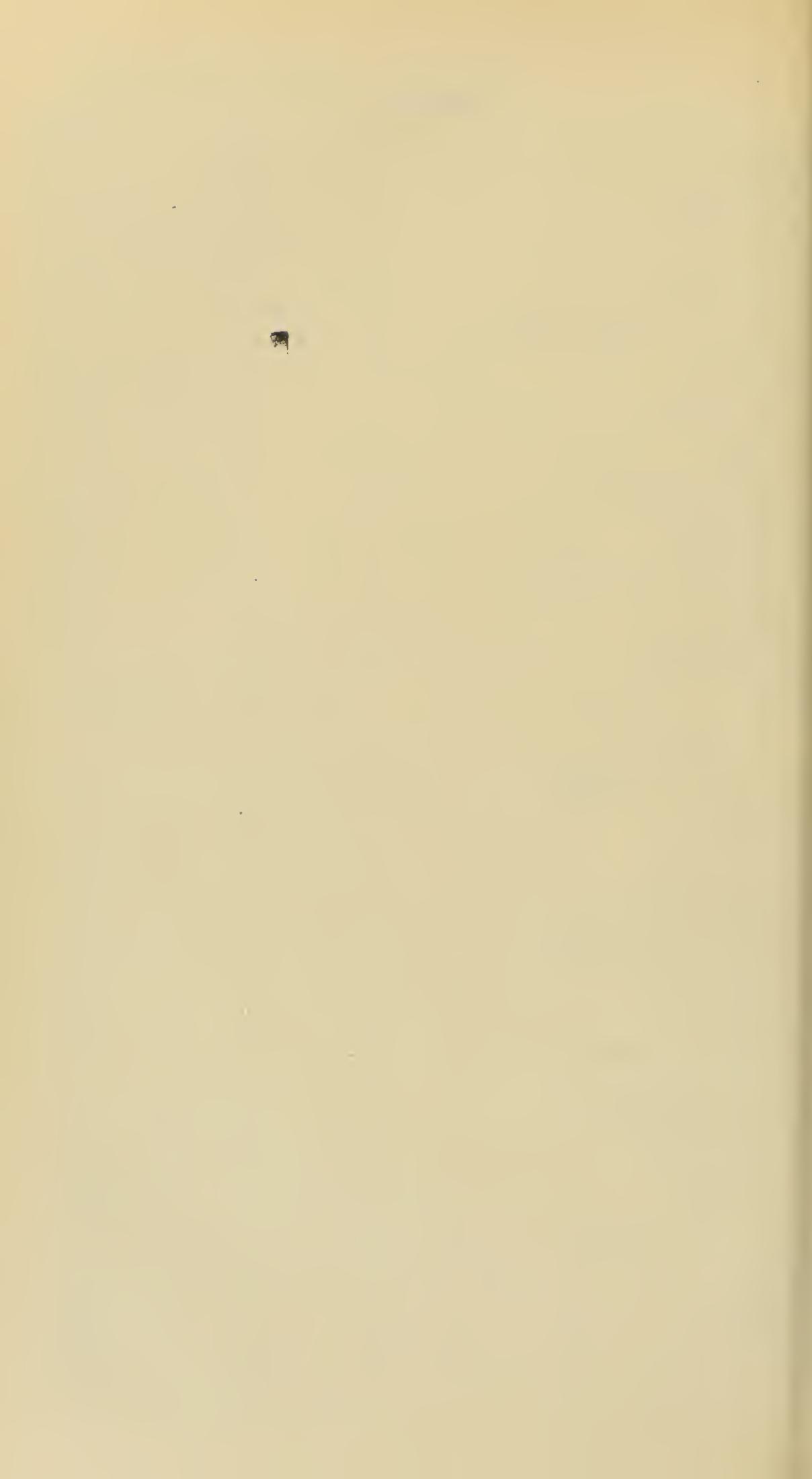


Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29195147>

# INDEX.

	PAGE.
Adenoids ...	35
Baths ...	17
Blind Children ...	46
Care Committees ...	45
Child Welfare ...	11
Clinics ...	34
Closure of Schools ...	33
Conferences ...	52
Co-ordination of Health Work ...	9
Cripples ...	37
Deaf Children ...	46
Defects found ...	15
Dental Treatment ...	36
Dentists ...	8
Ear Disease ...	36
Employment of Children ...	52
Enquiries, Special ...	52
Epileptic Children ...	47
Eye Diseases ...	36
Findings of Medical Inspections ...	15
Following up ...	34
Hygiene ...	12
Infectious Disease ...	33
Legal Proceedings ...	17
Malnutrition ...	17
Meals ...	12, 17, 43
Medical Inspections ...	14
,, Inspectors ...	7
,, „ Reports ...	18
Mentally Defective Children ...	47
Mortality ...	16
Nursery Schools ...	11
Nurses ...	8, 17, 34
Open-air Education ...	41
Orthopaedic Scheme ...	37
Parents, Co-operation of ...	44
Physically Defective Children ...	37
Physical Training ...	42
Propaganda, Health ...	52
Pupil Teachers ...	52
Ringworm ...	36
Scholarship Candidates ...	51
Schools, No. of ...	7
School Attendance Officers ...	45
School Buildings, &c. ...	13
School Journeys ...	41
Secondary Schools ...	50
Skin Diseases ...	18, 36
Special Schools ...	47
Staff ...	7
Teachers, Co-operation of ...	44
Tonsils ...	35
Treatment ...	34
Tuberculosis ...	35
Uncleanliness ...	15, 17
Vision ...	36
Voluntary Bodies ...	45



## PREFACE.

### TO THE CHAIRMAN AND MEMBERS OF THE ESSEX EDUCATION COMMITTEE.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Twenty-First Annual Report on Medical Inspection and treatment in the Administrative County of Essex for the year ended 31st December, 1929.

#### *Medical Inspections.*

A further increase in the number of inspections is recorded, as shown by the following summary of the examinations carried out in the elementary schools during the years 1928 and 1929 :—

	... Three Code Groups	Numbers Examined.		Increase. 3,083 317 5,728 9,128
		1928. 29,086	1929. 32,169	
Specials	... Specials	6,943	7,260	317
Re-inspections	... Re-inspections	17,723	23,451	5,728
Totals	... Totals	<u>53,752</u>	<u>62,880</u>	<u>9,128</u>

#### *Findings of Medical Inspections.*

There has been an unusual increase in the number of children found at routine medical inspections to require treatment (excluding uncleanliness and dental diseases). In 1928, the percentage was 12.6, or 1 child out of every 8 children examined, whereas in 1929 the percentage rose to 16.25, equivalent to nearly 1 child out of every 6 children examined. Nevertheless, the figure still shows a favourable comparison with that for England and Wales which had a percentage of 20.7. Enquiries reveal the fact that this increase is due to the peculiar conditions in the area of the Romford District Education Sub-Committee which includes the Urban District of Dagenham. For obvious reasons, many children in that area had not been inspected for some time and the provision of efficient minor ailment clinics had not matured. This conclusion is readily discernible from the following figures :—

Area.	... Romford District	No. of Routine Children Examined.		Requiring Treatment.	
		No.	Percentage.	No.	Percentage.
Remainder of County	... Remainder of County	20,007	23.59	2,359	11.76
Whole County	... Whole County	32,169	23.59	5,228	16.25

Every effort has been made to improve the medical, nursing and clinic services for Dagenham, but more is needed to provide a complete system of medical inspection and treatment for that large and still developing area.

### *Dental Treatment.*

Dental inspection has shown that about 60 per cent. of the elementary school children are in need of treatment—in other words, three-fifths of the children are found to have some dental decay. The local dental schemes under the arrangements made by the Clerks to the District Education Sub-Committees have made some progress but they are mainly palliative, their weakness being in the small amount of conservative treatment which has been carried out. A more comprehensive and progressive dental scheme has been recommended and is under consideration.

### *Malnutrition.*

The reports of the School Medical Inspectors again refer to the undernourished condition of some school children in parts of the County, particularly where children have a distance to travel to school and are unable to return home for a mid-day meal. This problem will in all probability be accentuated with the proposed establishment of central schools.

In a report, dated 16th December, 1929, to the School Medical Sub-Committee, special reference was made to the advantages of extending facilities for the provision of cod liver oil and/or Grade A (tuberculin tested) milk, arrangements for school dinners, educational propaganda, etc. The scheme which has been adopted in some schools for providing children with a small bottle of milk daily at cost price should be given every possible encouragement.

### *Infectious Diseases.*

There has been no widespread epidemic of infectious diseases amongst school children during the year, but nevertheless these diseases continued to affect the percentage of attendances. Further efforts are being made to maintain the closest possible co-operation with the local Medical Officers of Health, with a view to ensuring prompt and efficient control of these diseases.

A report dealing with the methods of control in respect to Diphtheria was presented to the School Medical Sub-Committee in January, 1929, when special emphasis was placed upon the value of the Schick Test and immunization of children who are susceptible to that disease.

### *Orthopædics.*

The appointment of a whole-time trained orthopædic masseuse (Miss J. Hodge), who took up duty in September, 1929, has enabled further developments to be made in this preventive and remedial work. The number of after-treatment centres has been increased and Miss Hodge is proving a valuable connecting link between the Surgeon and the patient.

Helpful assistance has been rendered again by the voluntary committees at Upminster, Grays, Romford and Woodford.

This section of the work produces such excellent results and saves so much suffering and crippling, that it is difficult to understand why there should be any difference on the part of the parents to carry out the advice of the Surgeon by obtaining the necessary treatment and by attending to the necessary adaptations, pairs of appliances, special boots, etc.

#### *Mentally Defective Children.*

In January, 1929, a Joint Committee of the Board of Education and the Board of Control issued a most important report upon an investigation into the incidence of mental deficiency. The Royal Commission of 1908, on admittedly less comprehensive inquiries, estimated that 4.6 per 1,000 of the general population were mentally defective. The 1929 report, very largely based on a very intensive and complete investigation by Dr. Lewis in certain typical urban and rural areas, estimates that at least eight persons in every 1,000 are mentally defective. The incidence in urban areas is 6.71 per 1,000, and in rural areas 10.49 per 1,000. It is well known that ascertainment of mental defects in most counties is incomplete. Special schools for mentally defective children have done admirable work, but this form of provision is not capable of any wide extension within the existing legal system. Moreover, the number of institutions and centres for training mentally defective children is totally inadequate and ought to be increased.

Mental deficiency is related to physical inefficiency, chronic pauperism and general social deterioration. Now that the County Council are responsible for the mentally defectives in Poor Law Institutions it ought to be possible to draw up a more complete and comprehensive scheme of dealing with the origins and causes of mental deficiency than has been the case in the past.

A careful study of the above investigation is necessary to all workers and others interested in this subject, and further reference is made in the body of this Report to this interesting research work.

#### *Local Government Act, 1929.*

This Act came into force on the 1st April, 1930, and should have far reaching effects in the further provision of Health Services. It is hoped that increased facilities will become regularly available for the school children both for actual treatment and for periods of convalescence for certain children. Accessibility and ready availability are essential if children are to obtain the full benefit from the treatment required.

*Children under School Age.*

By circular dated 5th December, 1929, the Minister of Health and President of the Board of Education urge Local Authorities to make some provision either by Nursery Schools or otherwise for the medical supervision of children between two and five years of age, with a view to the early detection and treatment of all defects or diseases. Findings of medical inspection of entrants to the elementary schools have consistently revealed the need of medical and dental treatment and indicate that greater care of these early years of life is required.

*Assistant School Medical Officers.*

A review of the reports of the School Medical Inspectors shows that there is general satisfaction at the progress made in the various sections of the service.

*Conclusion.*

I take this opportunity of recording my indebtedness to the Chairman and Members of the Education Committee and School Medical Sub-Committee. My thanks are also due to the Director of Education, Head Teachers, Clerks to the District Education Sub-Committees, and the Medical, Dental, Nursing and Clerical Services for their hearty co-operation and assistance.

I desire also to thank the Chief Assistant County Medical Officer, Dr. T. P. Puddicombe, for compiling this Report and for his help throughout the year.

W. A. BULLOUGH,  
*School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
DUKE STREET,  
CHELMSFORD.

*March, 1930.*

## ESSEX EDUCATION COMMITTEE.

---



---

**ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER  
FOR 1929.**


---



---

**Staff, &c.**

The estimated population for the Geographical County of Essex for 1928 is 653,430, the allocation being as follows:—

(i) Administrative County area, within which the Essex Education Committee are responsible for—				
(a) Elementary and Secondary Education ...	...	598,720		
(b) Secondary Education only ...	...	491,210		
(ii) County Boroughs ...	...	...	...	563,500

In area (i) (a), with an acreage of 928,502, there are 433 elementary schools, showing an increase of one over the year 1928. These schools are designated as follows:—Non-provided 244 and Council 189. The latter include three intermediate and three special schools. There are 548 departments, and the average attendance for 1929 is given as 72,115, an increase of 5,334 on that shown for 1928. In addition there are 9 secondary schools, with an accommodation for 3,053 pupils.

Area (i) (b) has 10 secondary schools with an accommodation for 4,202 pupils together with 4 trade schools with 885 pupils on books.

In the County there are 11 aided secondary schools, with a total of 3,289 pupils on books, and a further 8 recognised secondary schools with 1,663 pupils on books.

The total services, as rendered by the medical staff in school medical duties, including administrative duties, represent the equivalent of 8 full-time medical officers. Actually, however, owing to change in appointments and delays in filling these positions, this equivalent of full-time service is not available throughout the year.

Changes in the Medical, Dental and Nursing personnel during 1929 have been as follows:—

(a) *School Medical Inspectors.*

E. L. Ewan, M.B., Ch.B., D.P.H., commenced duty on the 13th May, 1929, in place of Dr. E. U. Vawdrey, who resigned 31st March, 1929. The remainder of his time is occupied as Child Welfare Officer.

Owing to the continued increase in the population of Dagenham, the arrangement with the local Urban District Council under which Dr. E. W. C. Thomas, Medical Officer of Health, gave part-time services to the County Council as School Medical Inspector, was terminated on the 31st March, 1929, in order that Dr. Thomas could devote his whole time to Medical Officer of Health duties, and V. Feldman, M.D., M.R.C.P., D.P.H., B.S., M.R.C.S., commenced duty as whole-time School Medical Inspector in that area on 6th May, 1929.

R. F. Tredre, School Medical Inspector in the Billericay area, resigned in July, 1929.

The following re-arrangement of staff was made on the 23rd September, 1929:—

B. F. Beatson was transferred from the Romford area to the Billericay area: the remainder of his time is occupied as Child Welfare Officer.

A. Gardiner was relieved of his duties as Medical Officer to the Harold Court Sanatorium for Tuberculosis and took over the School Medical and Child Welfare work in the Romford area; the remainder of his time is occupied as Tuberculosis Officer.

V. Feldman was transferred from Dagenham and took up duty as Tuberculosis Officer and Medical Officer to Harold Court Sanatorium. He continues to devote part of his time to School Medical Inspection work.

G. M. D. Lobban, M.B., Ch.B., D.P.H., was appointed whole-time School Medical Inspector in the Dagenham area.

(b) *Dental Staff.*

A. Weir, L.D.S., R.F.P.S., Billericay and Ongar District, took the place of A. Silva Jones, who resigned in July, 1929.

S. J. Webb, L.D.S., R.C.S., has been employed part time in the Stansted District.

J. F. Godfrey, L.D.S., R.C.S., who commenced duty in September, 1929, in the Lexden & Winstree and Tendring Districts, is employed for three sessions per week by the County under arrangement with the Colchester Education Committee.

(c) *School Nurses.*

Dunmow.

Miss M. W. Thomas (General Training, C.M.B., R.S.I., Health Visitor's Certificate), was appointed on 2nd October, 1929, to fill the vacancy mentioned in last year's report.

Thaxted, etc.

Miss D. M. Ives (General Training, C.M.B., Health Visitor's Certificate) took up duty on 23rd October, 1929.

Dagenham.

On the 31st March, 1929, the arrangement whereby the Dagenham Urban District Council's Health Visitors were utilised part time for School Nurses' duties was terminated and the following were appointed whole-time School Nurses to replace Misses Richardson, Smith and Batty:—

Name.	Qualification.
Lunn, E. L ...	... General Training.
Thurtle, E. (Mrs.)	... General Training and C.M.B.
Murphy, E. M.	... General Training and C.M.B.

Maldon.

Miss R. A. Brown (General Training, C.M.B. and Health Visitor's Certificate) commenced duty 5th September, 1929, to fill the vacancy caused by the resignation of Miss E. Thomas, who succeeded Miss Dilcock.

Miss Ferguson (now Mrs. Limmer) married during the year and has been allowed to continue her appointment for a temporary period.

Tilbury.

Miss Rattray resigned in November, 1929, and was replaced by Miss K. M. Hinde.

Clacton.

Miss M. A. Davies (General Training and C.M.B.) replaced Miss Sparrow in August, 1929.

(d) *Orthopædic Masseuse.*

Miss J. L. Hodge, who is certificated in Massage, Electricity and Swedish Remedial Exercises, took up duty on 2nd September, 1929.

**2. Co-ordination of Health Work.**

The School Medical Inspectors have continued in the majority of cases to render assistance in other health services in the County, either under Local Urban and Rural District Councils or in other branches of the County service, the system of combined appointments being maintained and extended as circumstances and needs demanded. This system of appointments for combined work has shown excellent results, and would appear to be of advantage both to the Medical Officers and the Local Authorities concerned.

The Local Government Act of 1929 should tend within a few years to increase these combinations of health services.

Additional Local Sanitary Authorities have been formed and have joined in the combined appointment scheme, Dr. Boul being appointed Medical Officer of Health for the newly formed Urban District of Purfleet, Dr. Fry for the Waltham Abbey Urban District, and Dr. Lorraine (as from the 1st January, 1930) for the newly formed Urban Districts of Rayleigh and Benfleet.

In only one instance has there been any departure from existing combined services, viz., that of the Dagenham Urban District, where the development of the area had so progressed that it was necessary to have a whole-time Medical Officer of Health, thereby depriving the County of the valuable part-time service in school work rendered by Dr. Thomas. This change dated from the 1st April, 1929.

*Health Visitors* have also carried out, with few exceptions, combined duties under the Public Health and Education Committees.

The difficulty of filling vacancies on the Health Visitors' staff has again been experienced and will probably continue for a few years. The arrangements under the regulations of the Ministry of Health, whereby Local Authorities can assist in the efficient training of these should, however, gradually ease the position and produce a readier response of suitable young women for this most necessary and ever increasing work.

The advantage of the Health Visitor carrying out all duties in any particular area must be evident to all, as it entails an economy of the official's time and a minimum of annoyance to the parent, and a better knowledge of the home circumstances and family health is gained by the Health Visitor, who is thereby able to give more helpful advice to the parent and a full history to the Medical Officer concerned.

In the Dagenham District, as foreshadowed in my report for 1928, three whole-time School Nurses were appointed in 1929, and even this number is inadequate to keep the work up to date. As the work at clinics develops, more assistance must inevitably be required, and the services of two or three additional School Nurses will be necessary.

The Chief Health Nurse and Assistant Chief Health Nurse have rendered invaluable service in supervision and general helpfulness to the Health Visitors. It is only by their aid that the work can be kept alive during a vacancy and the duties can be generally correlated throughout the County.

The assistance of District Nurse Midwives must also be mentioned. When employed by affiliated Nursing Associations, they are available for following up children referred for treatment, and on certain occasions for attendance at clinics and routine inspections. The number of these District Nurse Midwives is 151, an increase of six during the year.

(a) *Infant and Child Welfare Centres.*

One additional Centre has been opened during the year, viz., at Little Hallingbury as a branch of the Hatfield Heath Centre, thus bringing the number of County Centres to 54.

The work has generally increased at these Centres, and the greater need for extra sessions at some has necessitated some re-arrangement of Medical Officers in attendance. There are now 11 Centres where the Medical Officer in attendance is a part-time officer and not engaged in other duties under the County Council.

(b) *Nursery Schools* are not established.

This problem is now, however, being brought to the fore, the Ministry of Health and Board of Education having issued a circular\* on the subject. In this it is pointed out that the State has made itself responsible for the health and education of all children from the age of five years. Also that provision has been made for the supervision of babies for the first year or so of life. The circular points out the disadvantages and uneconomic position to the State in allowing the child between early infancy and school age to vegetate and often deteriorate in health without the care and attention it might receive if this interim of two or three years were also efficiently supervised by the State. It is well known to all School Medical Officers that numbers of children when examined at school at five years of age are already sadly in need of medical and dental treatment and that, in some, seeds of permanent ill health have already been sown which, with a little care and medical and parental attention in the previous years, might easily have been ameliorated even if not totally eradicated. Local Authorities are thus urged to make a new effort to deal with this problem at the beginning of child life. Sir George Newman, in his report for 1928, shows that in England there are only 28 such schools and of these, 13 only, with an accommodation for 1,648 children, are under the Local Authority.

All will doubtless agree with the suggestion of the memorandum that there should be some supervision of these infants, and whether it should be by Nursery Schools, Day Nurseries or home supervision must greatly depend on local facilities. The difficulties are great in country districts, but even these can be surmounted.

In the Essex elementary education area there would be about 30,000 children between the ages of two and five years for supervision and, estimating that provision of Nursery Schools would be required for about one half of these, this would mean provision for some 15,000 children. Supervision and examination of these would entail an increase of medical and nursing staff.

(c) *Care of Delicate Children under School Age.*

This problem is merely a continuation of the former (b) in that any children under school age found requiring treatment as in the child over five years of age, must be followed up to the logical conclusion, *i.e.*, until normal health is regained.

\*Circular 1054 (M. of H.) ; 1405 (B. of E.) dated 5th December, 1929.

As in former years the system, whereby such children when presented by the parents may be examined at School Clinics and Welfare Centres, has continued and the Health Visitor continues to follow up at the home.

(d) *Facilities provided for Children who partake of Mid-day Meals at School.*

Much reliance must necessarily be placed on the Teachers in this matter. In many cases excellent arrangements are available for the provision of hot drinks to be partaken of with the mid-day meal and in some cases arrangements are made for the supply of fresh or dried milk at a nominal charge to be partaken with or after the meal. A leaflet is provided for issue to parents giving advice on the value of choice of food and suitable foods for children.

Efforts must still continue to see that in all schools where children partake of the mid-day meal, facilities should be offered of adding a hot drink. Provision should be made that the meal can be partaken of in comfort, that the necessary time and care can be given to the preparation, washing, etc., and that whilst partaking of the meal unnecessary hurry is avoided.

Without the willing co-operation and interest of the Head Teacher little advance can be made in this. It is pleasing to note that many are making an effort in this most important feature of school life.

The Education Committee are considering the arrangements necessary in connection with mid-day meals at Central Schools as these become established.

### 3. School Hygiene.

The School Medical Inspectors have continued the practice on their visits to schools of examining any special cases brought to notice by the Head Teacher or School Nurse, and from time to time making a general survey of school premises and surroundings. Any defects found, either sanitary or structural, which require more than local comment, are brought to the notice of the Director of Education, and this usually results in their being remedied.

These reports are gradually producing an improvement in the sanitation and upkeep of elementary schools, and but for the lack of funds and apparently early Victorian views of some of the Managers who control a few of the non-provided schools, progress would be much more rapid.

During 1929, reports have been submitted on 29 schools, the following amongst other points being commented on :—

The condition of playgrounds and offices, provision of heating and lighting, water supply, school furniture, accommodation in classrooms and cloakrooms, together with recommendations on the cleanliness and ventilation of these.

As pointed out in previous reports, the teaching of personal hygiene in schools is all important, and this subject, which is largely left to the discretion of the teacher, cannot be stressed too much. On the results of this early training rests the future health and prosperity of the nation. If a child is not taught the necessity and how to keep his own body clean, he will always lack much of the joys of life and probably taste more than his share of sorrows—and this to the detriment of his fellow citizens.

To encourage good habits and the best to be obtained in the home, the life at the school must be regulated under the best circumstances possible. To attain this end the buildings must be up to date, fitted with suitable and ample sanitary conveniences, playgrounds and, wherever possible, playing fields, and the school classrooms, offices and playgrounds kept tidy and clean. The proper training of the children and the removal of all unnecessary material in the classroom would largely facilitate in the cleanliness of all schools.

It is realised that the financial question must necessarily prevent the removal and rebuilding of the older schools, but there is no legitimate excuse for inefficient cleansing and lack of necessary control in these buildings.

The Committee's building scheme has again been vigorously followed during 1929, 7 new elementary schools being opened, viz. :—

Braintree Chapel Hill Council Junior Mixed.		
South Woodham	"	"
Dagenham Five Elms	"	"
Dunton	"	"
Hornchurch Harold Court Council Junior Mixed.		
Rivenhall Silver End	"	"
Romford Havering Road	"	"

One school has been re-opened, viz., Hawkwell Council.

Additional accommodation has been added to the following eleven schools. These additions come under two headings :—

- (i) Permanent buildings. Three classrooms each at East Thurrock and Rainham Council Schools. Two classrooms each at Eastwood, Hockley High Road, Canvey Island and Laindon (old) Council School.
- (ii) Temporary added accommodation :—

Canvey Island Council	...	Whittier Hall Mixed
Hornchurch Park Lane	...	Hydesville
Rochford Council	...	Old National School Mixed
Rayleigh Council	...	Scout Hall
South Chingford Council	...	Temporary buildings—3 classrooms

The following schools have been closed during 1929 :—

- Dunton Council (old school)
- Mundon Council
- Rivenhall Silver End Council (temporary building)

The facilities provided and interest taken in the school child and its surroundings by the various officials and voluntary bodies must produce a betterment of the race and a happier and more healthy child life.

There is certainly evidence of this to those School Medical Inspectors who are aware of the condition and type of child seen in the early days of School Medical Inspection as compared with the child inspected to-day. Still there is room for a higher standard and earlier beginnings in the amelioration of defects.

#### 4. Medical Inspection.

(a) As in previous years the three routine age groups have been the particular groups of which detailed inspections have been made; nevertheless, a large number of special inspections and re-examinations have also been made.

As it is portended that the school leaving age is to be raised to 15 years, it is possible that in the near future a fourth routine group will have to be added. This, in Essex, would mean the provision for the examination of a further nine to ten thousand children. Table I A and B gives the totals of re-examinations made in 1929. These figures again show an increase over the figures for the previous year; the routine examinations being 3,083, special inspections 317 and re-inspections 5,728 in excess of last year.

Even with this increase arrears are not as yet cleared off. This remark especially applies to the Dagenham area. The continued inflow of a new population in this area also largely accounts for the variation in figures showing that the numbers examined in the Entrants and Intermediate groups are much in excess of that shown for the Leavers group.

It may be said that with the Medical Staff provided there has been satisfactory progress during the year.

##### (b) *Ascertainment of Cripples.*

This has continued as in previous years and more rapid treatment has been possible, thanks to the progress under the Orthopaedic Scheme (See 8 (i)).

##### (c) *Holding Inspections off School Premises.*

This was found necessary in the following schools:—

Name of School.	Place held.
Epping Council	... Combined Clinic
Maldon C.E. (1 session)	... Child Welfare Clinic room
Mountnessing C.E.	... Churchroom adjoining
Harlow Potter St. C.E.	... Churchroom
Theydon Bois C.E.	... Sorrell room

## Findings of Medical Inspections.

Details of these are given in the Standard Tables shown at the end of this Report.

Table II on review shows that, as in previous years, the conditions which largely contribute to the numbers of elementary school children requiring observation or treatment come under the headings: dental diseases, diseases of the nose and throat, and defects of vision. Whilst the latter from an educational point of view is important, from a general health point of view the two former are more important. All are worthy of more continued effort on the part of all concerned in order that, by appropriate treatment, supervision and care, their numbers in the future may be greatly reduced.

Table II B records figures of individual children who at the routine examinations showed defects (excluding uncleanliness and dental diseases) requiring treatment and it will be noted that 16.25 per cent. or roughly one child in every six was thus referred for treatment. This figure shows an increase of 3.65 per cent. on the figures registered for 1928.

This is rather an alarming increase, although it still compares favourably with the figure given for England and Wales for 1928, which showed 20.7 per cent. as needing treatment.

In order to endeavour to elucidate this rise in percentage of children referred for treatment, careful perusal of the returns has been made. This shows that the returns for the Romford District, which of course includes Dagenham, where it is known that many children have not been inspected for considerable periods and where efficient Minor Ailment Clinics have as yet not matured, show an especially high figure and is due to this that the general County percentage has been raised. In the Romford District 12,162 children were subjected to routine inspection and of this number 2,869 were referred for treatment giving a percentage of 23.59. In the remainder of the County 20,007 children were inspected and 2,359 referred for treatment or 11.76 per cent.; rather less than half that of the Romford District. It will be seen, therefore, that the disabilities of the children examined in the Romford District, which comprises a little over a third of the total number examined, have resulted in materially raising the general percentage. Every effort must, therefore, be made in this district to obtain a complete system of medical inspection and treatment at the earliest possible moment.

### i) Uncleanliness.

Following up and special surveys of these cases by School Nurses have continued, and School Medical Inspectors continue to use every effort to totally eradicate this condition and neglect.

The inspections for routine and special cases showed 243 as requiring actual treatment and 359 needing observation, an increase of 72 on the total for the previous year, but a decrease of 18 on the figures for 1927.

It is of interest here to peruse the Table set out below, showing the causes of mortality amongst children of England and Wales, aged 5—15 in the year 1928, as set out in Sir George Newman's Report for the year :—

Disease.			No. of deaths.	Per cent. on total deaths.
1. Tuberculosis	...	...	2,173	16.4
2. Violence...	...	...	1,607	12.1
3. Diphtheria	...	...	1,565	11.8
4. Bronchiitis, pneumonia, and other respiratory diseases	...	...	1,526	11.5
5. Meningitis and nervous system	...	...	1,116	8.4
6. Heart disease	...	...	822	6.2
7. Measles and whooping cough	...	...	554	4.2
8. Rheumatic fever	...	...	513	3.9
9. Appendicitis	...	...	472	3.6
10. Acute and chronic nephritis	...	...	276	2.1
11. Acute infective osteomyelitis	...	...	255	1.9
12. Influenza	...	...	237	1.8
13. Scarlet fever	...	...	231	1.7
14. Tonsilitis, &c., adenoid vegetations	...	...	200	1.5
15. Other conditions	...	...	1,733	12.9
			13,280	100.0

He further shows that there has been a marked decrease in the number of deaths in this age period during the last 20 years as follows :—

In 1908 deaths recorded between 5 and 15 were 19,174. In 1918 34,654 and in 1928 13,280 ; consequently a less wastage of child life.

In his remarks on the above Table and deaths under 15 years, he says—"The reader will observe that there is here nothing about dental decay, ringworm, defective vision and other daily findings in the schools. What is most obvious is the number of deaths from tuberculosis, violence, diphtheria, bronchitis and pneumonia and meningitis, and diseases of the nervous system and the heart. It may be added that the causes are not equally distributed through the 10-year period. Diphtheria is heavy between 5 and 10 and four-fifths lighter between 10 and 15. Deaths from respiratory diseases are proportionally higher between 0 and 5. We lost by death in 1928 as many as 42,960 children under 1 year of age, and less than half that number between 1 and 5. Measles killed 4,249 children under 15 years of age, and of this number more than half occurred between the ages of 1 and 5 years, as contrasted with 454 between 5 and 15. Scarlet fever has declined in fatality so greatly that 483 children died of it as compared with 2,586 in 1908. Diphtheria caused 2,994 deaths under 15 years of age, and bronchitis and pneumonia 15,830,

both heavy but substantially less than in 1927. This year the Table includes deaths from rheumatic fever and heart disease, 557 and 894 respectively, each showing a steady rise from infancy to 15 years."

Table IV, Group V, shows further details of the School Nurses' work in respect cleanliness, surveys, &c. An average of 11 visits has been made to each of the schools and 278,675 children examined. From these examinations, 2,414 individual children were found unsatisfactory in cleanliness, an improvement on the numbers recorded for 1928. It may thus be taken that there has not been a falling off in the general standard of cleanliness, and every effort must be made to see that this not only continues, but improves. As previously stated, the standard must be considered unsatisfactory as long as any children can be found in attendance at school with nits in the hair.

The baths at Grays and Tilbury have again rendered useful and beneficial services to elementary school children. At Grays 4,109 baths have been given and at Tilbury 200, an increase over the total for 1928 of 1,122.

Cleansing under Section 87 of the Education Act was carried out in the case of 11 children. All the children were from one school and three of them in one family. Legal proceedings were taken in regard to cleanliness as follows:—

(a) Under the Education Act	...	...	4
(b) Under School Attendance Bye-laws		...	14

#### *Other Conditions needing Treatment.*

*Malnutrition.* This condition, to some extent, is always to be found. The main problem is to investigate every case of sub-normal nutrition with a view to ascertainment of the cause, applying a remedy, and as far as possible prevention of such conditions in the future. The figures for 1929 show that 929 children required treatment or observation for this condition as compared to 1,073 for 1928. Post-war economical conditions are certainly a contributing factor. There are, however, many possible causes, and attention to general physical health with continued instruction of parents in the correct methods of feeding their children and the provision for adequate hours of sleep in a clean atmosphere would appear as important as, if not more than, the provision of school meals.

In some schools arrangements are now made whereby certain children may take of a glass of milk or other nourishing fluid at least once a day. This is a practice which is being encouraged, and it is hoped will be extended to all schools.

If, however, the Committee should decide to make itself responsible in any way for the schemes for providing milk for school children, it will be necessary that all milk supplied to such children should be Grade A (Tuberculin Tested) milk, or milk which has been efficiently pasteurised.

The School Medical Officer has presented a full report on malnutrition in the elementary school child to the School Medical Sub-Committee, and as a result of this, Local Committees are being asked to give the matter full consideration, with a view to adopting appropriate steps in each area.

*Skin Diseases* have given their usual quota of cases, and impetigo has shown an increase this year.

Of the other diseases needing constant attention and re-examination, ear diseases, enlarged glands, abnormal conditions of the heart and chest are the more important.

(c) *Extracts from School Medical Inspectors' Reports.*

Dr. W. H. Alderton—Lexden and Winstree and South Maldon—

The Medical Inspections were carried out during the year satisfactorily and with but one incident, which occurred when a mother sat down at a medical inspection and announced her intention of staying there till the end in order to make certain that her boy was not examined.

Fortunately this does not represent the general attitude to medical inspection, and many are the instances where parents express appreciation of the work.

As a result of medical inspection one has seen an improvement in the condition of the teeth, but there is still a long way to go before perfection is reached, and it is difficult to see how this is to be attained in a rural district.

A large number of refractions have been undertaken as a result of medical inspection, and it is now quite the exception for a parent to neglect treatment for defective vision. The difficulty arises after treatment, when the children lose their glasses, leave them at home or break them; in this connection one depends upon the school teachers seeing that the children wear their glasses in school. Many are very good, but I am afraid there are others who do not give the necessary attention to this important matter.

Orthopaedics. A good deal has been done for orthopaedic cases of school age and under, but more could be done and better results obtained were the work all carried out by the one Specialist Surgeon.

Generally speaking, school medical work and its results continue to improve and, although no school can be said to be unfortunate in the possession of a number of delicate children, yet quite a number of schools are now providing malted milk daily and this should improve the standard of health in those schools materially.

Dr. M. Barker—Chingford—

Inspection of scholars at the two schools in Chingford shows a good standard of physical fitness.

Few major defects are found and minor disabilities are such as are readily amenable to treatment.

There has been a ready response on the part of parents to accept advice tendered, with the result that dental, eye, ear, nose and throat troubles and slight defects of an orthopædic character have been remedied without loss of much school time. Consequently the percentage of attendances has improved.

The additional school buildings in South Chingford relieved to some extent the pressure upon accommodation. The proposed new school in North Chingford for intermediate ages will prove a valuable asset to both areas and relieve the anticipated congestion, if not too long delayed.

Visits to the schools and inspection of scholars who have been in close proximity with cases of infectious disease have largely helped towards the diminution of such epidemics, and in this respect, the year has been a most satisfactory one.

Dr. B. Beatson—Billericay and Brentwood—

I have been in charge of these areas for three months. Most of the schools are situated rurally and it is sometimes difficult to secure treatment of ailments owing to the impossibility of getting children to clinics. In this connection it has been possible to interest the Brentwood V.A.D. in orthopædic work and it is hoped that help in providing transport will accordingly be forthcoming to enable children to attend from a distance at the new Orthopædic After-treatment Centre which has recently begun to function in Brentwood under the supervision of the County Orthopædic Masseuse. This after-treatment is carried out twice weekly at the new Combined Treatment Centre in Brentwood, which Centre is a great boon to the District.

Refraction Clinics are held and it is expected that this work will grow as the activities of the Brentwood Clinic become known and parents can be induced to come in from outlying points.

The Minor Ailments Clinic is now commencing to show an increase in attendances. I have been able to survey only a small proportion of the school children in the area so far, and among these there is an average standard of health.

The treatment of adenoids and enlarged tonsils is becoming increasingly popular and, in addition to operative facilities at Queen Mary's Hospital, I have been able, with the co-operation of local medical practitioners, to improve the arrangements for treatment available at the Brentwood Cottage Hospital.

I note that in the Pitsea, Vange and Laindon districts there is a great deal of unsuitable housing. It is a question how long bungalowoid growths in damp, low-lying regions, without proper sanitation and drainage schemes

are to be allowed to continue. The effect on child life cannot but be deleterious and must often lay the seeds of ill-health. Children in many places have to walk considerable distances to and from school.

It is satisfactory to note that glasses of malted milk are now usually available in schools and are served to a very large proportion of children at playtime.

Dental work is being assiduously carried out. It is a branch of treatment which needs continuous effort.

Dr. M. Bennett—Grays, Tilbury and Orsett—

Routine inspections in this area are unfortunately in arrears for 1929 due to extra duties at Infant Welfare and Ante-Natal Clinics. Acceptance of treatment by parents has increased, there being also a greater disposition amongst parents to themselves request treatment for teeth, tonsils and adenoids.

The number of poorly nourished children shows little variation. Owing to the migratory nature of the urban population, largely engaged in casual labour, the previous environment of parents and children is often not fully known.

In a survey during December of the children in the boys' department of a school in which a considerable proportion of the children come from homes which would be considered of poor financial standing, I found a number present to be subnormal in nutrition and physical development. Amongst the subnormal were rheumatic subjects, an old infantile paralysis, an old Potts disease, results of severe whooping cough, children of neurotic tendency and family history. Poverty and poor home conditions are known to account for the condition in some cases. Deficient food requirements were responsible for some cases as shown by the definite improvement noted in physical condition and school work, following the distribution of malted milk during lunch time at a cost of 3d. per week.

A survey of the girls' and infants' departments of the same school made by the teachers gave a similar result.

In the girls' department of another school in a poor district where the head teacher found a number of poorly nourished children, she ascertained that in the case of several of these girls there were indolent, careless or incapable mothers, who neglected giving proper meals and sent their children out to fetch home the dinner during the dinner hour. Thus the food partaken of (often unsuitable) was gobbled hurriedly, the children overworked with the fetching of errands, the care of babies and toddlers, and further suffered from retiring to bed late, insufficient sleep and poor housing conditions.

Several schools in the Grays Urban District now distribute milk in the lunch hour at a cheap rate with good results.

In Tilbury the (Port of London Authority) Police have been sending a supply of milk to the schools this winter for free distribution amongst needy cases.

An interesting point noticed during inspections was that whilst usually boys in the top class showed good nutrition and development, and noticeably so in one of the poorest schools, both in Grays and Tilbury, on the other hand the girls in the top class of the school in Grays (already mentioned) were noticeably poorly nourished.

Dental treatment has continued, the number of children treated at extraction clinics being slightly less than the previous year, due probably to a decrease in routine inspections. Conservative treatment of teeth has also shown a slight decrease in numbers treated.

It would be an advantage if greater facilities existed for free treatment in needy cases.

A point of interest in connection with dental treatment is the satisfactory condition of the teeth of the children from the Guardians' Homes, where frequent dental inspections and treatment are provided.

There has been an increase in the number of cases of tonsils and adenoids treated by operation under the local Committee's scheme. The recent arrangement with the Hospital Saving Association has greatly assisted the scheme. In addition, other children have been operated on at Tilbury Hospital, free of charge, where parents did not contribute to the Hospital Saving Association. Again, others have received treatment at London hospitals.

Dr. J. S. Bradshaw—Witham and Maldon—

The attendance of parents continues to improve, as does also their attitude towards the treatment of minor ailments.

The defects needing treatment are still mostly enlarged tonsils and adenoids and carious teeth.

In the Witham schools the general condition and health of the children show a steady gradual improvement, and there are now very few cases of undernourishment.

I have noted that many school children go to bed far too late at night. In one area it was a common occurrence to have a mother tell me that she kept her daughter of 12 up until 10 o'clock "to keep her company when her husband was out."

Dr. W. T. G. Boul—Grays, Tilbury and Orsett—

The School Medical Service in the Orsett District has continued during the year, and there are few special points which have arisen during this time.

The area concerned is, to a large extent, industrial and some of the older schools can by no means be considered to be all that is required, in the light of present day conditions. The district population is rapidly increasing and in some portions of the area there is overrowing as regards school accommodation.

The School Medical Inspector acts as Medical Officer of Health for the whole district and before reporting in details on the various services I should desire to express my thanks to the County Medical Officer and the members and the Clerk of the District Sub-Committee for their very kindly help during the year.

It will be observed that the number of attendees at the Dental Clinic has not continued so high as during the year 1928. This is almost entirely due to the arrears of Medical Inspections in the schools during some portions of the year. Medical Inspections are now being continued at a normal rate and it is anticipated that the figures for the year 1930 will again show an increase. It is most unfortunate that a fee of 2s. 6d. is required for each case, an amount difficult of provision, both in the industrial riverside area, consisting to a great extent of casual labour, and in the agricultural portions of the district with a low weekly wage.

*School Medical Inspections.* Almost every school in the area was inspected during the year and those schools not so inspected will receive completion in the early months of the year 1930.

The school clinics in the area have been carried on throughout the year and the numbers in attendance have been as follows:—

*Minor Ailment Treatment.*

Grays.	Total No. of individual children treated	...	1105
	„	attendees made during the year	1389
Tilbury.	„	individual children treated	...
	„	attendees made during the year	2113

*Eye Clinic.*

No. of refractions during the year	...	...	122
„ glasses prescribed during the year	...	...	94
„ „ obtained „ „ „	...	...	76

*Tonsils and Adenoids.* The local scheme for the operative treatment of tonsils and adenoids has worked well, the Hospital Saving Association has continued to contribute towards the fee for the children of members an

the various District Benevolent Associations have contributed the same fee. Each case operated upon has been re-examined and found to be satisfactory.

No. of cases operated upon during the year 1927 ...	65
" " " 1928 ...	81
" " " 1929 ...	91

*Orthopaedic Clinic.* The Orthopaedic Clinic and Orthopaedic After-care Clinic have been carried on throughout the year in conjunction with the Grays, Tilbury and Purfleet Urban District Councils and the Orsett Rural District Council, and the following tables will show the increase of the work done.

*Orthopaedic Ascertainment Clinic.* During the year the Orthopaedic Surgeon held six sessions each at Grays and Tilbury.

	E.C.C.	G.U.D.C.	T.U.D.C.	O.R.D.C.	Total.
No. of cases on register Jan.,					
1929	115	25	25	—	165
„ „ „ 1930	164	30	47	35	276
„ discharged cured	32	2	3	1	38
„ left district	1	—	—	1 dead	2
„ new cases reported					
during year	106	7	35	37	185
„ in hospital	11	3	1	2	17
No treatment required	24	—	10	—	34

*Orthopaedic After-care Clinic.*

	E.C.C.	G.U.D.C.	T.U.D.C.	P.U.D.C.	O.R.D.C.	Total.
No. of cases on register						
Jan., 1929	59	17	8	—	—	84
„ „ „ 1930	107	23	31	12	9	182
„ discharged						
cured	41	—	2	1	—	44
„ left district	—	—	—	—	—	—
„ reported during						
year	84	6	25	13	9	137
Attendances at clinic	1998	55	105	21	26	2205

*Nature of treatment*

received :—

(a) Electrical treatment and muscle re-education	... 2	—	—	—	—	2
(b) Massage	... 2	2	1	—	—	5
(c) Exercises	... 82	2	—	—	—	84
(d) Supervision of appliances	... 20	4	8	—	—	32
(e) Wedges	... 40	4	20	8	3	75

*Dental Treatment.* During the year the following schools were inspected:—St. Chad's Infants', Lansdowne Road Infants', Grays R.C., Stanford-le-Hope Arthur Street Infants'.

Children Inspected.	Offered Treatment.	Age Groups.									
		5	6	7	8	9	10	11	12	13	14
1113	865 or 77·7%										
		318	356	271	85	16	19	13	15	12	2

*Summary of Work done.*

Children.	Atten- dance.	Teeth extracted			Fillings			Other operations.
		Tem- porary.	Perma- nent.	Gas Cases.	Tem- porary.	Perma- nent.		
1928	814	1149	1934	324	788	196	212	93
1929	762	931	1781	365	801	22	138	41

Although there is a decline in the number of children treated compared with 1928 the figures show an improvement on 1927. The decline may be accounted for by the change in the arrangements for medical inspections resulting in fewer cases being referred for dental treatment.

Dr. C. R. Brown—Dagenham.

In my report for 1928 I remarked that the great need of the School Medical Service in Dagenham was an adequate Nursing Staff. This has been supplied during the past year with great benefit to all concerned.

The outstanding need now is more and better accommodation for the various clinics. The present (temporary) quarters are inadequate and lead to overcrowding and possibly transference of infection at crowded Minor Ailment Clinics. It is impossible to arrange for dental clinics on the premises and orthopædie clinics are held under great difficulties.

The appointment of a Medical Inspector for each of the two divisions (1) Dagenham (2) Beeontree and Chadwell Heath, works well, but in inspection of schools there are still arrears to be made up. A Clinic for the Beeontree and Chadwell Heath area is urgently needed. This would relieve congestion in Dagenham and at the same time would be more accessible for the children.

Dental extraction clinics are held regularly. We are still behind in conservative dental clinics and very little is attempted in this way.

The Committee's scheme for treatment of enlarged tonsils and adenoids at Queen Mary's Hospital, Stratford, works well and is much appreciated.

On the whole Dagenham appears to be a healthy place. Parents who lament that their children are unable to attend hospital once a week, as they did in London, soon find that there is no need for such attendance. The

good physique of the elder boys and girls is specially noticeable. Their physical fitness was also shown by their proficiency in games at the Annual Contest for School Children in Essex.

Dr. E. L. Ewan—Woodford, &c.—

I have the honour to present my report on medical inspection and treatment as carried out in the Woodford area since my appointment in May, and in the Ongar area since October.

School inspection and treatment have proceeded satisfactorily. Valuable assistance has been rendered by the School Nurses and also by the Head Teachers, who generally fully appreciate the importance of this work. They are able to assist, especially in the rural areas, by encouraging parents to take advantage of the advice and treatment provided. Oil and malt and milk are supplied at cost price by the teachers in a number of the schools.

The health of the children is generally good, and there is little evidence of malnutrition in the schools visited. Ringworm of the head is very rare, there being no cases in the Woodford area, and only two in the Ongar area. Scabies is also exceptionally rare, and the number of cases of impetigo surprisingly small. Very few bad cases of impetigo have been seen. The children are generally very clean and wear good shoes and adequate clothing. The increasing interest of the parents in medical inspections is shown by the remarkably high percentage of their attendances and also by the very small number of refusals to allow examination. The orthopædic clinic continues to render good service, and excellent results have been obtained, particularly in cases of round shoulders by the unremitting care of the orthopædic masseuse at the After-treatment Centre. So many parents have consented to operations for the removal of tonsils and adenoids that there has been unavoidable delay in the treatment.

Much excellent work is done at both the conservative and extraction dental clinics, but I feel that, although in the present condition of the children's teeth more treatment is necessary, a good deal of it could be avoided if only we could instil into the minds of parents and children the fact that perfectly clean teeth do not decay. The importance of brushing the teeth after every meal and at night and not just occasionally or once a day, even if without a dentrifrice, cannot be too strongly dwelt upon: tooth brush drill in every school should be considered indispensable.

Eye clinics have been regularly held and many spectacles prescribed.

A considerable number of backward children have been examined for mental deficiency, and more provision might be made for those merely backward and those actually defective.

Infectious diseases have been prevalent these last two months.

Dr. L. S. Fry—Epping and Waltham Abbey—

The routine school medical inspections have proceeded satisfactorily during the year and objections to examination on the part of the parents are now rare, except in two rural schools where there has always been some opposition to the system.

Dental work has made definite progress and it can now be said that the offer of treatment is made to the parents of every child requiring either extractions or fillings; but there is still a good deal of prejudice against the latter amongst parents.

This year for the first time it was possible to arrange for the dental inspection of the schools in the Waltham Abbey District.

There has been an extension in facilities for children to obtain milk at the mid-day meal or during the lunch hour in several of the larger schools. The scheme adopted is that inaugurated by the National Milk Publicity Council. A third of a pint of milk with bottle and straw is now available at the price of one penny at the Epping and Waltham Abbey Town schools.

In the case of the Waltham Abbey schools the milk supplied is pasteurised before delivery and the vendor is being urged to obtain a bottle washing apparatus, as it is clearly desirable that the milk supplied through such schemes should be clean and of good quality and also that the bottles should be properly cleansed each day. It would however be a pity to impede the scheme at its inception by imposing too strict conditions at the outset. The weak point in all such schemes is the undoubted fact that the poorest and least well nourished children tend not to make use of them and it is difficult to see how this can be overcome except by the Managers providing milk free to those in special need of extra nourishment.

*Tonsils and Adenoids.* A large number of cases have received treatment under the County scheme but one continues to have certain misgivings about sending children from long distances to any hospital where cases are sent home on the day of operation.

*Infectious Disease.* A number of cases of Diphtheria occurred at one school during the last quarter. An examination was made on their return to school of all children who had been absent with catarrhal affections of the nose and throat. Two or three carriers, and one case of nasal diphtheria unattended by any doctor, were found.

In conclusion I have to express my thanks for the loyal help I have received from the school nurses in my district.

## Dr. P. J. Gaffikin—Braintree and Dunmow—

During 1929, routine medical inspections have been carried out in most of the schools, but, owing to the increased amount of work in other departments, time has not been available to complete the inspection of all the schools. One visit for routine inspection was made to the schools, but there is a recommendation that two inspections should be carried out in each year, and if this is to be done and the other work in connection with the School Medical Service, such as dental clinics and the special examination of defective children, given the time such work requires, a whole-time School Medical Inspector is required in this area.

Objections to inspection are becoming rare, but there is still a regrettable apathy in the matter of allowing the defective children to obtain treatment, especially treatment for dental defects. The indifference of some of the parents to the state of the children's teeth is astounding, and much educational work on the importance of dental hygiene is required. For this unwillingness to have dental treatment, the dental clinics are not wholly blameless, for too often the clinic is but a series of extractions, and conservative work has still to become a feature of the clinics.

The notable point of the routine medical inspection of the schools in this area is that the children in the agricultural parishes show a much lower standard of physical condition and a larger proportion of cases of malnutrition than the children of the town schools. This is, in my opinion, the result of the low wages and the low standard of living in the rural areas. Particularly is the poor nutrition noticeable in those children who have a distance to travel to school, and who bring with them a "dinner"—too often only a couple of pieces of bread and jam, or dripping. I have encountered cases where the children leave home to walk to school at 8.15 a.m., and do not get home till 4.30 p.m. Such a long period, with nothing but a "dinner," as I have described, is too much for any child. The remedy is, of course, the feeding of these children at school, and with the coming of the central schools, there will be an increased number of these children who do not go home to dinner and a corresponding increase in the urgency of this question.

The structure, *e.g.*, lighting and heating, of some of the schools in the rural parishes is not satisfactory, and I regret to say that this is more noticeable in the "non-provided" schools. During the winter of 1928-29, I found one school with a temperature of only 6 degrees above freezing point.

## Dr. A. Gardiner—Romford—

Amongst the most striking features has been the high incidence of enlarged tonsils and adenoids, and of dental decay amongst entrants. The great improvement in later years speaks well for the results of routine

inspection and treatment, and on the other hand indicates the necessity for better supervision of the pre-school child.

Respiratory troubles (such as bronchitis) and the vaguely described "debility" have been found in a large percentage of cases, and I should like to strongly urge the necessity of increasing the facilities for education at "open-air" schools. Money spent in this direction would be well spent, as I am firmly convinced it would relieve the State of the burden of supporting many "crooks" in later life. I agree with those writers who have suggested that the many manifestations of these debilitated children—tiredness, listlessness, anaemia, pains in the extremities, headache, nervous irritability, etc. are all directly due to a rheumatic intoxication. If in addition to the extra care which would be taken of their physical condition at an "open-air" school, a well-cooked hot meal were supplied to these children in the middle of the day (at a nominal cost) a great step would have been taken towards the eradication of many crippling defects.

Cases of uncleanliness have been a rarity and there have been few actual cases of malnutrition.

The refraction clinic has met a decided want and the parents are gladly bringing along the children referred at inspections for correction of vision.

The dental clinic continues to do good work and the proportion of cases accepting treatment under the County Scheme is large.

Many cases have been referred to the Orthopaedic Specialist and the attendances at the clinics for massage, remedial exercises, etc., have been good, but it has been found necessary to make repeated visits to homes in many cases before the recommended treatment has been carried out.

The most outstanding epidemic of infectious diseases amongst the school children has been the recent outbreak of diphtheria. Fortunately it now appears to be dying out.

Dr. G. M. D. Lobban—Dagenham—

As a result of having excellently built schools in the Dagenham area, conditions could not be bettered and those responsible for the construction of the new schools can be congratulated on their achievements.

There is a huge school population in the Dagenham area, roughly about 22,000 school children, and the appointment of another School Medical Inspector is indeed a necessity. The scope is unlimited almost for anyone who is interested in school medical inspection and presents many novel features, largely occasioned by the rapid growth of the population in the area, and even after the work has been stabilised, will present much of interest to future medical inspectors.

I have been struck by the good general condition and physique of the Dagenham school children. There is no doubt about the improvement in the children physically and mentally through many of them being removed from the overcrowded city areas to a healthy locality such as Dagenham.

Means of treatment are at present inadequate and increased accommodation for isolation of infectious diseases is needed.

Instructions in personal hygiene, physical exercises, &c., are given to school teachers and the parents of school children.

Since means of employment in the Dagenham area are very limited, the employment of children and young persons is almost negligible at present.

If means of employment adequate to the size of the population are not established in the area in the next few years, the number of unemployed, and later unemployable, will be a matter of the greatest concern.

Dr. N. S. R. Lorraine—Rochford—

The health of the children, as a whole, is satisfactory and numbers of defects were remedied under the County Schemes, the parents becoming more aware of the available facilities which exist.

During the year twelve dental extraction clinics were held and a number of "filling" clinics arranged.

An Orthopædic Clinic was conducted by Mr. Whitchurch Howell.

Minor Ailment Clinics have been held twice a month at Shoeburyness and Rochford. The attendance of parents at School Medical Inspections and various clinics was very satisfactory.

Epidemics were kept under control due to the close co-operation between the School Authorities and the Medical Officers concerned.

A number of children have been examined throughout the year under the Employment of Children Regulations.

I should like to take this opportunity of expressing my gratitude to the school nurses and all the School Authorities for their close co-operation and untiring efforts to assist in dealing with this important branch of Preventive Medicine and in their consideration of the health of the school child.

Dr. J. Ramsbottom—Tendring—

During 1929 the School Medical Service appears to have run satisfactorily in this area. The attendance of parents at the medical inspections has been maintained.

There appears to be an improvement in the physique and general condition of the children, and taking the parents, as a whole, they are ready to act upon the advice given at the inspections.

The orthopædic clinics are well attended, considering the distance many of the patients live from the different Centres. I find little or no neglect of children, but the low wages of the farm labouring class make it difficult to meet any extra expenses. Non-attendance at the clinics is often due to this fact, the cost of travelling being beyond their means.

Dr. M. D. Rankine—Braintree, Maldon, &c.—

During the year I have been engaged in various duties other than school medical work, and inspections made by me have therefore been much fewer than in former years.

In the elementary schools the standard of the general health and cleanliness of the children continues to improve; most parents take an intelligent interest in the health of their children, and are willing to co-operate with us in these matters. There are still a few, of course, who do not respond, but I believe that these numbers are fewer than before.

A number of newly admitted children, however, suffer from defects of one kind or another. The only remedy for this is a more adequate supervision of the child from the time of birth onwards until it reaches school age. Unfortunately it is in some cases impossible for the Health Visitors to pay a sufficient number of home visits, as they are so fully occupied with various other duties, and if these are properly carried out, the school work may suffer and *vice versa*. I find usually that the good results of our work increase in proportion to the number of home visits paid.

The minor ailment clinics at Braintree and Maldon, which I attend once weekly, are appreciated both by the parents and Head Teachers. A considerable number of refractions have been carried out at both clinics and, as far as possible, I again see each case at intervals afterwards.

The dental work is increasing, but more is necessary. More conservative treatment is necessary, especially in the Braintree area.

I have frequently stated that there is a very urgent need for more special schools for delicate children. It is not very comforting to the parents to promise them that their ailing children shall have a chance to recuperate at a special school, but that there must be some months' delay before a place can be obtained.

There have been various outbreaks of infectious diseases in the schools. These have been dealt with as promptly as possible, and frequent visits have been paid by both the School Nurses and myself.

In the Secondary Schools most of the parents appear to appreciate the medical inspection of their children, and in fact quite a number ask that their children may be brought forward for examination. In a considerable number of cases the treatment advised is carried out. Unfortunately, however, I find that even in these schools sufficient attention is not paid to decay of the teeth. The most frequent complaint which I receive from the parents in these schools is that the amount of home work is excessive, and I have often thought that this complaint is justified. Many of these girls do not get enough sleep on account of their home lessons.

The School Nurses have assisted me a great deal in my work, and they carry out their duties well; without their assistance, one could not accomplish so much.

Dr. J. S. Ranson—Halstead, Belchamp and Bumpstead—

This work has continued very much on the same lines during the year 1929.

There has, however, been a decided improvement in the attitude of parents towards accepting treatment for their children. The number of parents that ask for treatment prior to it having been advised as the result of medical inspection is now considerable.

The acceptance of dental treatment has also improved. There has been difficulty in providing this treatment in the outlying parishes, and this is now being overcome by conveying the children to the Halstead Clinic.

The outstanding feature of the year has been the opening of the out-patient department of the Halstead Cottage Hospital as a Combined Clinic. Both of the County Health Visitors and myself are in attendance from 9.15 a.m. to 10 a.m. at least daily and children can be seen there on any morning. This does away with delay in many cases and also greatly facilitates the co-operation of the work of the nurses and myself.

The Halstead Welfare Committee and the Clerk to the District Sub-Committee have as in former years given me the greatest assistance in this work.

The School Nurses have both by their continued keenness and tact brought about a decided improvement in the attitude of the public towards the school medical work.

Dr. S. R. Richardson—Saffron Walden and Stansted—

In these two districts there is no doubt that progress is being made in several directions; the standard of cleanliness is now good; the interest

taken by parents in the periodic inspections of their children is well maintained: and the proportion of defects receiving efficient treatment continues to increase.

I consider that these results are largely due to the tact and energy shewn by the School Nurses in the home visiting and following up of their cases.

The development of the orthopaedic scheme is proving of great service in this area, where the considerable expense of obtaining treatment for crippling defects has hitherto been an insuperable difficulty.

In the case of visual defects and enlarged tonsils and adenoids, there is now a fairly satisfactory response, but many parents are still apt to regard dental defects as trivial ailments and conservative treatment of teeth as a luxury entirely beyond their means.

The general standard of nutrition is not very high, and a considerable number of children must be classed as below normal in this respect.

Of the many factors which tend to produce a low standard of nutrition, I believe that in these districts the chief cause is lack of milk and butter in the diet. Comparatively few of the children ever have any milk to drink, and many of the mothers say that they cannot afford to buy either butter or milk though both are obtainable. It is obviously difficult for one of these mothers to buy a daily half-pint of milk for her child out of a total maintenance allowance of about four shillings per week, but it is a fact that a few of them succeed in doing it.

With regard to the other contributory causes of poor nutrition, there is little doubt that the combination of walking long distances to and from school, inadequate protection from rain, insufficient provision for drying wet clothing and boots in the schools and in some cases a poor mid-day meal, must have a harmful effect.

During the winter months the average attendance in these rural schools is rarely less than 90 per cent. Allowing for the inevitable absences due to definite illness, it is evident that the majority of children walk to school every day, in many cases long distances, and in some cases poorly clad. I do not assume that undue pressure is used to ensure a high average attendance, but it seems to me to be very important that when such children as I refer to attend regularly under adverse conditions, they should receive special care when in school and have one nourishing meal during the long interval that elapses between their leaving home in the morning and their return in the late afternoon.

It is difficult to suggest how any marked improvement can be obtained without financial assistance. The first necessity would appear to be a fund for the purpose of supplementing the efforts of necessitous parents to provide a nourishing meal for their children when it is not practicable for them to go home at mid-day. The conveyance of such children to school is also desirable.

An active Care Committee including representatives from all parts of the district is essential, but the responsibility of supervising the mid-day meal at school and of seeing that wet boots and clothing are thoroughly dried should rest with the head teachers.

### 3. Infectious Diseases.

These conditions have as usual added their quota to the exclusions from school during the year. Diphtheria and Scarlet Fever have in a few areas caused some anxiety but there has been no widespread epidemic of these conditions.

Influenza was very prevalent in the first quarter of the year. Though small-pox has been present in the County area, the disease has been of a mild type and has not actually been prevalent in the County Elementary Education area. In one case only was it considered necessary to close a school for a short period. The increased prevalence of small-pox in surrounding districts for the past two years must necessarily cause some anxiety in the present unvaccinated state of the general population and calls for continued increasing vigilance on the part of all Medical Officers both in detecting any active case and in surveillance of contacts. At the same time every opportunity must be taken of advising parents of the value of and necessity for efficient vaccination both for their children and for themselves, in spite of a lax law which allows the parent to wilfully prevent their children receiving this, the only guard against this disease. In January, 1929, the School Medical Officer presented a report to the School Medical Sub-Committee on the objects of the Schick test in detecting susceptibility to diphtheria and the value of immunization of cases found susceptible. It was decided that at present this test and treatment come within the purview of the Medical Officer of Health and it was inadvisable to carry out such work through the School Medical Service. In one area a limited number of scholars was dealt with by the Medical Officer of Health.

School closure was instituted on the advice of the Local Sanitary Authority under Article 57 of the Code, in 16 schools as follows:—

Influenza 5; Whooping-cough 4; Diphtheria 3; Scarlet Fever 2; Measles 1; Mumps 1.

Closure under Article 45 (b) on the advice of the School Medical Officer was resorted to in six schools with a view to preventing the spread of the following conditions:—Diphtheria, 2; Measles, Influenza, Whooping-cough and Small-pox, 1 each.

Certificates certifying reduction of attendances as due to infectious diseases under the Amended Regulations of the Code were issued by the School Medical Officer in connection with 66 schools as follows:—Influenza 15; Chicken-pox 13; Measles 12; Whooping-Cough 11; Mumps 9; Scarlet Fever 4; Diphtheria 2.

## 7. Following-up.

The School Nurses under the supervision of the School Medical Inspectors continue to follow up cases referred for treatment. This is a very large and important part of their duties and entails much time, patience and tact before the desired result is attained. The District Nurse Midwives give some assistance in this when required.

Much assistance is also rendered in this work by members of Care Committees, Clerks to District Sub-Committees, and investigation and stimulation by interested Head Teachers. It has been continually remarked by School Medical Inspectors that, where the Head Teacher is interested and willing to assist, the treatment advised will generally be obtained within a reasonable period.

Visits were made to 26,629 homes by School Nurses, and a further 9,605 visits were made by District Nurse Midwives. The visits of the trained health worker are usually welcomed by the parent and, when this is not the case, it is necessary at times for the School Medical Inspector to visit, with a view to the parent being shown the necessity for any recommendation to be complied with.

## 8. Medical Treatment.

As in previous years, the parents are advised in the first instance to obtain treatment through their own medical attendant. Should this fail under certain conditions, treatment can be obtained under arrangements available with hospitals, clinics, &c., through the Education Committee, a contribution being asked from the parent when operations, appliances, &c., are required.

### (a) *Minor Ailment Clinics.*

These continue to increase and are well patronised and appreciated by parents of children requiring treatment for minor conditions which are not usually catered for by the private practitioner. Parents also bring their children to these Centres for examination and advice on the general health or any particular condition concerning their children's health on which they desire information. The clinic therefore serves the double purpose of being consultative and remedial; a very necessary institution for the poor parent.

The most notable advance during the year has been the opening of the Brentwood Combined Centre, where a building once used as a High School for Girls has been adapted for use as a clinic premises for school medical activities, Child Welfare Centre and Tuberculosis Dispensary. The upper floors are used as living quarters by the caretakers and offices and committee rooms for the District Sub-Committee.

The Dagenham (temporary quarters) Combined Centre has long since ceased to provide sufficient accommodation for the number of children who attend.

Negotiations are, however, now completed between the Urban District Council and the Ministry of Health, whereby sanction has been given for the building of two combined Centres in this populous area. These Centres will be available for use by the Education Committee at certain times for school medical purposes, and it is hoped that they will be built and in use early in 1930. They will provide a long felt need, and will especially be welcomed by the School Medical Staff, who are now working under great difficulties.

As previously pointed out, the country districts are especially difficult to adequately supply with efficient minor ailment clinics owing to scattered population. From time to time, however, as populations increase, other Centres must be formed, and at the present time tentative arrangements are maturing in the Laindon District.

During 1929 attendances recorded at the 23 minor ailment clinics by 9,224 children were 19,317, not including orthopædic and dental clinics.

*a) Treatment of Tonsils and Adenoids.*

Table IV, Group III, shows that 2,064 children received operative treatment, an increase of 1,235 over the numbers shown for 1928. Truly an enormous increase, showing that parents are becoming more willing that this very necessary treatment shall be carried out for their children. In addition 2,329 children received other forms of treatment for these conditions.

Arrangements are now in existence under the Committee's Scheme with 4 hospitals for the necessary operative treatment. The removal of tonsils should entail in every case the child remaining in hospital at least one night following the operation. Although this practice is not followed in all cases, the Committee in their arrangements endeavour to provide for this. Shortage of beds and the desire of the parents to have the child home prevent this very desirable and necessary stay after treatment.

*b) Tuberculosis.*

Co-operation continues between the School and Tuberculosis Medical Staff.

During 1929, 195 (boys 90; girls 105) scholars have received periods of Sanatorium treatment. These are classified as follows :—

For pulmonary conditions	...	61 (boys 26; girls 35).
Non-pulmonary conditions	...	104 (boys 47; girls 57).
Observation	...	30 (boys 17; girls 13).

(d) *Skin Diseases.* (*Table IV, Group I.*).

3,953 children received treatment for these conditions, the large majority being under the Committee's scheme.

Impetigo, largely a condition of neglect, as usual showed the greatest numbers. Ringworm of the scalp gives higher numbers receiving treatment than for the past few years, viz., 153, and of these the exposure to X-rays was made in seven cases.

(e) *External Eye Diseases.*

834 children are shown as having received treatment under this heading and of these 691 were treated under the Committee scheme.

(f) *Vision.* (*Table IV, Group II.*).

2,918 children received treatment and of these 2,038 were under the Committee's scheme. After refraction 1,370 children were prescribed glasses and 1,345 of these actually obtained glasses. As in previous years, in the absence of an Ophthalmic Specialist cases which could not be dealt with to the satisfaction of the School Medical Inspectors were referred to London hospitals for assistance. There is no doubt that if the assistance of an Ophthalmic Specialist were available it would greatly help in this most necessary remedial work.

Arrangements continue whereby children ordered glasses can obtain these at a special cheap rate.

Arrangements were made for two cases to be specifically examined by an Ophthalmic Surgeon.

(g) *Minor Ear Defects.*

Under this heading, 635 children received treatment, 419 being under the Committee's scheme.

(h) *Dental Treatment.* (*Table IV, Group IV.*).

This most important work of the school medical and dental services has not shown the advance one would desire. The School Medical Officer has presented a report to the Committee on this work and this is at present under consideration, the objects being to find ways and means as to how best to increase this most needed work in the County.

Actually, the number of sessions devoted by dentists to the work has increased. 580 half-day sessions have been devoted to this work during the year, an increase of 24.

The increased number of sessions, however, has been devoted to inspections, there having been one session less devoted to treatment as compared to 1928.

At inspections, 19,599 children were inspected and of these 13,913 found to require treatment, *i.e.* 70 per cent. of those inspected. 7341 actually received treatment under the Committee's scheme, or 465 above the numbers for 1928.

Again the extractions were largely in excess of fillings, the former numbering 9,300 (of which 2,549 are recorded as permanent teeth) and the latter 1,505 showing that 12.8 teeth were extracted to 1 filling, an entirely wrong proposition for a satisfactory dental scheme.

The figures, however, do show that the excess of extractions to fillings is largely due to temporary teeth, as taking permanent teeth alone, 1,225 teeth were filled against 2,549 extracted, a proportion of 1 filling to 2 extractions.

The excess of extractions to fillings also shows that the treatment is not being rendered sufficiently early. In other words the decayed teeth are being allowed to get past the filling stage before treatment is applied.

This is partly the result of parental neglect in not presenting the child sufficiently early for treatment. It is in many cases a difficulty to get parents to present children for conservative treatment, whilst there is not the same difficulty when the child has toothache in presenting the child for extractions.

This is largely a matter of parental education and better facilities for treatment. Both of these are in need of the earnest attention of all concerned.

On the 5th and 6th December, 1929, Mr. A. T. Pitts, M.R.C.S., L.D.S., visited the County on behalf of the Board of Education for the purpose of enquiring into the methods and results of dental treatment.

#### i) *Crippling Defects.*

Conditions of crippling due to tuberculosis are referred to in 8 (c). In addition 5 children (boys 12, girls 3) are accommodated in residential cripple schools.

Two cripple classes were opened in December, 1929, in the Halbutt Street School, Dagenham, and this should prove a great boon in the future for cripples in this neighbourhood. Arrangements are made whereby a dinner can be obtained on the premises, and a conveyance is supplied to take the children to and from school. Twenty-three children are in attendance at day cripple classes, viz., boys 10, girls 13.

During 1929 progress has continued in the provision of increased facilities for orthopædic treatment with a resulting increase in the number of children receiving benefit under the scheme. It has, in these circumstances, been possible to get earlier hospital treatment for those needing operations, and following better facilities for after-treatment, a quicker exchange of patients in hospital has been possible.

A great step forward was made when the Committee decided to appoint a full-time trained orthopædic masseuse. Miss Hodge took up these duties in September, 1929, and her keenness, energy and actual practical assistance, have already shown good

results. This appointment made it not only possible to increase the number of After-treatment Centres, but makes a needful connecting link between the surgeon and the patient, and the actual work carried out provides extra stimulant and reminder to the negligent or indifferent parent. After-treatment Centres are now established as follows:—

- (i) Grays. Combined Centre in conjunction with the Urban Districts of Grays and Tilbury and the Rural District of Orsett. The Masseuse, Miss Yarborough, attends on three sessions per week. Valuable assistance is also given by ladies of the local Order of St. John of Jerusalem.
- (ii) Romford. Completely under County arrangements with a working arrangement for child welfare cases of the Dagenham Urban District to attend for treatment. The Masseuse, Miss Reynard, attends on two sessions per week, and sanction has been obtained to increase this to three sessions should occasion demand. Ladies of the local branch of the British Red Cross Society also assist here.
- (iii) Woodford. Combined Centre established under a local Committee of the British Red Cross Society and deals by arrangement with all cases in this district. The Masseuse, Miss Parsons, attends on three sessions in the week and valuable assistance is rendered by the Voluntary Committee.
- (iv) Epping. A Combined Centre under the same management as Woodford, the Masseuse attending on two sessions per week.
- (v) Maldon. Under County arrangements. Miss Hodge attends the clinic twice a week.
- (vi) Brentwood. The most recently established Centres, again under County arrangements and attended by Miss Hodge twice a week. Endeavours are being made to interest the local branch of the British Red Cross Society also at this Centre.

Arrangements were made with a view to the establishment of a Centre at Chelmsford. The number of cases available to attend, however, did not justify the actual commencement of the work, with the result that the Brentwood Centre was provided instead.

At Colchester various factors have as yet prevented the establishment of a Centre here. There is, however, still a possibility of obtaining facilities at the local general hospital.

Dagenham would appear at present to be the area which shows the most pressing need for a centre to be established. The Education Committee's first cripple classes have commenced here and it is hoped that facilities may be available for the establishment of a centre in conjunction with these or, failing this, when the new treatment centres are available.

It is satisfactory to note that the services of Mr. B. Whitchurch Howell, F.R.C.S., are still available for this orthopædic work in the County. Not only does he attend and examine children at the ascertainment clinics, but the majority of those needing treatment are treated in hospitals at which he is the Orthopædic Surgeon, and he thus performs the operations. This is a most satisfactory arrangement as it provides for complete uniformity throughout, viz., inspection, treatment and after-care.

Difficulties still have to be contended with even though the scheme is well established. These, however, are not peculiar to Essex. Nevertheless every endeavour for the sake of the afflicted must be made to surmount them.

Firstly, it is essential that every case should be assiduously and regularly followed up in order to assure that every apparatus supplied or alterations to boots advised are continued with and kept in the necessary state of good repair.

The indifference of some parents is still marked in that they will not themselves see to the minor details of small repairs and, worse still, in some cases, will not agree to their children entering hospital for an operation or even to the addition of such small item as wedges to boots. This entails much waste of time and energy on the part of the nurses and doctors visiting these cases to exert their powers of persuasion together with constant review of cases in the endeavour to obtain the required treatment. With an indifferent parent and slight deformity in the child, it is no doubt better, when this will be but little detriment to the child's future, to leave such minor defects to nature and concentrate official efforts and assistance more on the severe degrees of deformity.

The following is a report by Miss J. L. Hodge, the County Orthopædic Masseuse:—

Orthopædic treatment in Essex is steadily going ahead, as is shown in other parts of the report, but there are two chief stumbling blocks:—

1. *The Parents themselves.* It is very hard to convince some parents of the need for treatment. Unless the deformity is marked they are quite content to wait until there is something more to be seen.

In cases where treatment is definitely refused, it is curious to note that the refusal is almost invariably on the part of the father. This may be due to the fact that the father is less accessible to the Health Visitor, who explains the condition to the mother. Being ignorant of the subject, the mother is unable to make her story convincing to her husband. Showing other cases, or pictures before and after treatment, is perhaps the best method of overcoming this difficulty.

In other cases, where financial assistance has been given for splints or other instruments, it is quite common to visit the home and find the child without this apparatus. This we are trying to remedy by inviting the

co-operation of the District Nurses, whose work is more localized, and consequently they are able to keep an eye on the cases more frequently than the Health Visitor.

2. *Provision of Appliances.* Another great drawback is encountered in dealing with splints for which the parent is unable to pay. Perhaps the case which suffers most is the child with bow legs who is ordered splints. When the surgeon considers splints necessary these should be applied in a few days. Instead of that valuable time is wasted in finding out whether parents can, and will, pay, and, if not, in obtaining particulars of the financial circumstances. We want the parents to be self-supporting, but not at the expense of the children.

In the future it may be possible to train one of our Essex cripples in the making of boots and surgical appliances and to employ him as a County Council servant. This would reduce the initial cost of the appliance, both to the parent and the County Council, and consequently less difficulty would be found in carrying out the surgeon's instructions quickly and efficiently.

Every step forward, however slow, means eventually an A1 County free from the unsightly deformities which can be prevented if only we are allowed to deal with them sufficiently early.

The following is a summary of work carried out in 1929 :—

Ascertainment and advisory clinics have been held to the number of 58. These were held at Woodford, 7 ; Grays and Tilbury, 6 each ; Harwich, 5 ; Colchester, 4 ; Clacton, Dagenham, Romford, Braintree, Halstead, Maldon and Chelmsford, 3 each ; Epping Brentwood, Saffron Walden and Stansted, 2 each ; and Southend, 1.

At these Centres 604 school children (boys 309, girls 295) were examined and reported on. Of these 341 (boys 191, girls 150) had been previously examined by the surgeon, showing that 263 were brought forward for the first time.

A general classification of these examinations shows the following results :—

Congenital defects, club foot, etc.	...	...	237
Infantile paralysis and after effects of	...	..	145
Spinal curvature and twists...	...	...	125
Paralysis (hemiplegia), &c. ...	...	...	30
Cleft palate, including hare lip	...	...	5
Other deformities, including injuries, etc.	...	...	62
			604

A summary of the history of cases and advice given shows the following:—

With history of having already had hospital treatment	...	308
To continue present form of treatment	...	53
Advised admission to hospital	...	96
Advised apparatus or modified boots	...	163
Advised observation	...	144
Advised—no treatment...	...	73
Advised massage, or exercises, etc.	...	75

A further 79 children (boys 40, girls 39) under school age were examined under the County Scheme together with 163 children for other Local Authorities, making a total number of 846 children; many of these were presented for examination more than once.

During the year 56 school children (boys 23, girls 33) have completed a course of hospital treatment under the County Scheme.

There still remained in hospital at the end of the year a further 12 children (boys 5, girls 7) all receiving treatment under the County Scheme. At the end of the year there remained 27 school children awaiting hospital treatment as compared to 36 at the end of 1928.

These figures do not include cases where parents definitely refused treatment.

### Open-Air Education.

(a) *Classes* continue to be held from time to time in playgrounds, etc., when the weather is suitable and facilities available.

(b) *School Journeys.*

In July a party of 20 girls from Woodford Bridge Council Girls' School accompanied by two teachers spent a fortnight at St. Leonards-on-Sea. Opportunity was taken during the stay to visit places of historical interest.

A party of 15 children from the Upshire Council School made a visit of 14 days to Denmark in August.

(c) *School Camps*, nil.

(d) *Open-air Classrooms.*

There are no actual classrooms as such, but the later built schools are so constructed that most of the classrooms can be practically made open to the air on one side, always providing that the teacher will co-operate in having the windows open.

(e) *Open-air Day Schools.*

These are not established at present, but it is hoped that the Grays School will be built and opened in 1930.

(f) *Residential Open-air Schools.*

Use has again been made of the 13 beds retained at the Ogilvie School, Clacton, and the Committee have agreed to occupy two extra beds, thereby making 15 beds available at this school. In 1929 26 children (boys 14, girls 12) had the advantage of receiving a period of treatment at this school. Of these, 16 were new admissions during the year.

One disadvantage of arranging with another authority for open-air treatment is the fact that the School Medical Officer has no direct control of these beds. He is largely dependent on the view of the Medical Officer of the Institution, and is thus frequently unable, without causing friction, to acquire that uninterrupted flow of cases in and out of the school which would seem desirable. As in previous years, children from time to time have been sent for short periods of treatment or convalescence to other homes and schools.

At Sible Hedingham Sanatorium School 82 children (boys 41, girls 41) have received treatment for conditions of the chest or sequelæ of the same. At the end of the year 20 children (boys 9, girls 11) remained in the school.

High Beech Sanatorium School for Surgical Tuberculosis provided treatment for 40 children (boys 15, girls 25), and of these, 18 children (boys 3, girls 15) remained in at the end of the year.

**10. Physical Training.**

The Director of Education reports as follows with regard to the arrangements in connection with Physical Training in the schools :—

In July, 1928, the Committee resolved to engage Miss F. A. Morgan, Physical Training Instructress at the Saffron Walden Training College, to visit elementary schools in an advisory capacity. The appointment was in the first instance for a period of three months, but in December of the same year the engagement was extended for twelve months, and later still further continued to cover the present year, 1930.

The work done by Miss Morgan in the schools has proved to be most beneficial. In addition to advising the teachers responsible for the instruction in Physical Exercises as to the right methods to be employed at each visit, actual teaching has been given and the classes so taught have served for the demonstration of the proper methods of teaching Physical Exercises and Playground Games. As a result there has been a very considerable and progressive improvement in the physical education of the scholars concerned. Miss Morgan's advisory work during 1929 covered the schools in the District Sub-Committee areas of Roiford and Orsett, and also included a few schools in the Epping and Maldon Districts. Further, during 1929, the Committee have been able to arrange Physical Instruction Classes for selected teachers

at Braintree County High School, Brentwood County High School, Wanstead County High School, Woodford Cowslip Road Council School, Saffron Walden Training College and Grays Bridge Road Council School.

At these classes, which have been attended by over 200 teachers, the latest syllabus of the Board of Education has been taught and demonstrated, and the instruction given has been followed up by the advisory visits paid to the schools.

The success attending the initial appointment made by the Committee led them in July, 1929, to make an arrangement for the Lexden and Winstree and Tendring Districts, whereby a fully qualified Physical Training Instructress devotes half her time in teaching in Secondary Schools and the remaining half in visiting Elementary Schools in an advisory capacity. Later, in November of the same year, a similar arrangement was made in the Braintree and Dunmow areas. Teachers' training classes are also being held at Colchester, Halstead and Maldon on similar lines to those previously arranged in the districts mentioned above.

#### Provision of Meals.

As reported last year the Education Committee decided that necessity had arisen in the Dagenham District under the Education Act, 1921, Sections 82 and 84, to provide meals for certain children. Actual feeding commenced on January 31st, 1929, in two Centres viz., Valence Avenue and Hedgemans Road. At the former use was made of a contractor's hut on the L.C.C. Building Estate and this was voluntarily abandoned for several months. At Hedgemans Road, St. Martin's Church Hall is used and this naturally provides rather better quarters. Arrangements are under a committee who may be congratulated on the provision made; also in being able to obtain the service of efficient staffs, and especially in having the use of available buildings which are so difficult to get for any ameliorative purpose on the estate short of setting up a special building. They were unfortunate in suffering from a burglary at Hedgemans Road early in February.

It was decided to give a substantial two-course meal with, in certain cases, an alternative of fresh milk instead of pudding. Spoons and forks only are used for eating the meal thus eliminating the possible danger and extra cleaning by using knives.

From the 31st January to 31st March, 1929, 4,287 dinners were provided for 56 individual children on five days a week at an average cost of 6.20d. per meal.

The following procedure is carried out in the selection and admission of necessitous cases:—

(a) On application by parents or Head Teachers, the School Medical Inspector examines any apparently necessitous children and advises as to the need for feeding.

(b) Children recommended direct by the School Medical Inspectors. In cases approved by the School Medical Inspectors, particulars of family income and expenses are considered by the Committee who then decide as to the necessity for free meals. Certain cases recommended by the School Medical Inspectors, even if the family income is above the scale, may be admitted by paying a proportionate charge.

(c) Head Teachers issue tickets daily to children approved and these are given up at the Feeding Centre.

Steps are taken to verify any change in home circumstances every two months, thereby ensuring that the scheme is not being abused. Dinners have been provided daily at both Centres, except during the August holidays (when only one Centre was used) and on Sundays and Christmas Day.

In the autumn term it was decided to establish in the near future a third Centre for feeding at Hallbutt Street School in conjunction with proposed arrangements for providing dinners for the crippler class to be opened at this school. This Centre actually commenced to function on the 13th January, 1930.

The number of meals provided from January 30th to December 31st, 1929, was 31,893, the cost of the food being slightly under 2d. per meal and the total cost per meal being slightly under 4d.

#### **12. School Baths.** (See paragraph 5).

#### **13. Co-operation of Parents.**

On the whole, co-operation by parents is usually satisfactory. There will always remain a percentage of negligent parents who will not exert themselves to do their utmost for their children, and will scarcely even take advantage of the services provided by the public, without any cost to themselves.

Every effort is, however, made and must continue, to bring such parents to see the necessity of carrying out advice given them for the benefit of their children. The attendance of parents at routine examinations was 70 per cent. Refusals to examinations was made in the case of 132 children.

#### **14. Co-operation of Teachers.**

Comments of School Medical Inspectors again show that on the whole this is good. It is certain that without the whole and hearty co-operation of teachers, most of the value of Medical Inspections would be wasted.

### Co-operation of Attendance Officers.

This is encouraged both with advantage to the Attendance Officer and School Nurse whose work in many ways is similar. Without such co-operation the average attendance must be lowered and certain minor ailments remain untreated.

### Co-operation of Voluntary Bodies, &c.

(a) *Care of Children Committees* have continued to render useful and appreciated assistance through their members, and financially by assisting the parents in providing special foods, spectacles, &c., from voluntary funds.

Special mention should be made of the following:—

- (i) *Billericay District*, a welcome newly-formed Committee, has already shown good results and will no doubt improve on these in the future.
- (ii) *Epping District Committee* has continued to assist with good results.
- (iii) *Halstead and Belchamp Districts*. This Committee has again assisted throughout the year, in its usual energetic and helpful methods both for the school child and the child of pre-school age.
- (iv) *Lexden and Winstree District*. The Clerk reports a gratifying increase in the contributions to the Medical Aid Fund.
- (v) *Tendring District*, where the Medical Aid Fund is in a flourishing condition.

In all of these particular attention is given to the augmentation of dental treatment, together with other helpful work such as the provision of cod liver oil and salt, &c.

(b) *The Essex County Nursing Association*. Assistance has continued through District Nurse Midwives chiefly in the following up of cases in areas where such is required, in accordance with previous arrangements.

(c) *The Essex Voluntary Association for Mental Welfare*. This Association continues to assist in supervision and enquiries as to mentally defective children and from time to time brings forward cases of school children suspected as suffering from mental defects.

(d) *The Essex County Association for the Care of the Blind*. This Association is asked for reports on certain children suspected as suffering from severe defects of sight and on occasions brought to notice such cases who are new entrants to the County.

(e) *The N.S.P.C.C.* This Society has continued to render helpful assistance in cases where difficulties have been found due to negligent parents.

(f) *The British Red Cross Society.* Through their members, this Society continues to give valuable assistance at Dental and Minor Ailment Clinics, and together with the Society of the Order of St. John, also renders much appreciated assistance at certain Orthopædic After-care Clinics.

(g) *Almoners of Hospitals* from time to time write in regard to children whose parents have applied for treatment or have received treatment for the children at certain London hospitals. In this way valuable advice is sometimes received with regard to any particular case and similarly the hospital is able to get their cases followed up and obtain any particular local information required.

(h) *Poor Law Guardians.* Children who come under these bodies are referred to them for necessary treatment and no doubt assistance in this direction will increase when the advantages under the Local Government Act, 1929, are fully participated in.

## 17. Blind, Deaf and Epileptic Children.

(a) During the year there has been no alteration in routine ascertainment, each case being reported on individually as regards the defects and recommendations for treatment, medical and educational. Table III shows numbers ascertained and present educational arrangements.

(b) *Blind.* There are 27 children (boys 18, girls 9) certified as blind within the meaning of the Education Act, and of these 25 (boys 16, girls 9) are shown as being educated at residential schools. Accommodation for the other two, it is hoped, will be obtained shortly. The majority of these children are at the East Anglian Institution, Gorleston, and a few at the Brighton School for the Blind.

The arrangements whereby a day class for 20 partially blind children was established at Grays has been continued. This myope class, established in 1928 with accommodation for 20 scholars, has continued to render most useful assistance as a sight preservation class. All cases are most carefully examined at entry and periodically during their stay at school. The class is accommodated at the Quarry Hill Schools, which is adjacent to the School Clinic and is most convenient for supervision, and there is thus no delay in reviewing any necessity for alterations or corrections in glasses used.

(c) *Deaf.* There are 36 children registered as being deaf and of this number 24 (boys 13, girls 11) are at residential schools.

At the Gorleston Residential School for the Blind and Deaf in which Essex is a participating authority, 35 beds have been kept occupied, the present occupants being blind 19 (boys 10, girls 9) and deaf 16 (boys 10, girls 6). During the year much difficulty has been experienced at this school in the control of Diphtheria. The governing authority and participating authorities have given this condition

sous consideration, and on the recommendation of the Essex Authority, after a visit and report by the Chief Assistant County Medical Officer, it has been decided to institute the Schick treatment to all children whose parents agree. It is satisfactory to record that the consent of all Essex parents has been obtained. Other recommendations of the Chief Assistant County Medical Officer are also being adopted which should greatly add to the facilities of all concerned at this school, not the least of which is the provision of a suitable and ample water supply.

(d) *Epileptics.* These cases, whether in the adults or children, are always painful and worthy of the best facilities that a local Authority can provide. Severe cases of epilepsy cannot be properly catered for in an ordinary school, or even in a day special school. Efficient treatment is needed as well as education suitable to their mental powers.

Of the 22 children certified as having severe epilepsy, six only (all boys) are in residential special schools.

(e) *Mentally Defective Children.* Table III shows that in the certified list there are 380 children or 4.7 per thousand school children, a figure which no doubt is too high and records possibly only about a half or one-third of the cases. Of these, 166 (boys, 112; girls, 54), are in certified special schools, 37 (boys, 23; girls, 14) being residential special schools.

The three day special schools in the County have in attendance:—

125 children: boys, 87; girls, 38.

		Boys.		Girls.		Total.
Grays	...	24	...	14	...	38
Woodford	...	25	...	15	...	40
Romford	...	38	...	9	...	47

At the Walthamstow Special Day School 4 children are in attendance (boys, 2; girls, 2).

As in previous years, arrangements are made whereby the ineducable mentally defective children and those who leave school are reported to the Local Control Authority for further care and supervision.

During 1929, 58 cases have been reported, viz., Feeble-minded, 25; Imbeciles, 29; idiots, 4.

In connection with the ascertainment, care and control of the mentally defective child and adult a most important report of a Joint Committee of the Board of Education and Board of Control has been published, containing the results of an investigation into the incidence of mental deficiency and recommendations as to possible future changes in dealing with these afflicted persons.

The report shows that on an average it may be estimated that 8.56 per thousand of the population are mentally defective, that taking the School population only between the ages of 7 and 16 years, over 20 per thousand are estimated to be feeble-minded and that the incidence is greater in rural than in urban areas. The serious aspect of this estimate is evident when it is realised that the figures are more than three times the incidence figures ascertained by Local Education Authorities for 1927, and twice as large as that estimated by the last Royal Commission on the subject in 1906. The more important recommendations of this Committee are :—

- (i) The formation of a new educational unit, the "retarded" group to include the dull and backward children, and the educable mentally defective children, and these to remain in the general educational system.
- (ii) Medical Certification as mentally defective not to be required for this group under (i) above. This involves a modification of the present special school system, and the necessity for special powers for Local Education Authorities to enforce attendance of the child at a school suitable to his needs.
- (iii) Organisation of Education for retarded children on the basis of a break at the age of 11 years on similar lines to that of normal children under the Hadow report.

This includes (a) Provision of senior or post primary schools for the less retarded group.

(b) Junior and Senior Schools for the more retarded, somewhat on the lines of the existing special schools.

- (iv) Education facilities for the more retarded groups who are not suitable for education with the less retarded. This involves :—

(a) *Younger children*, i.e., under 11 years who are able to attend a day centre being divided into a higher and lower mental capacity group. The Education Authority to be responsible for the educable group under (iii) above. The lower capacity group, i.e. the so called ineducables, and those in need of immediate care and control being reported to the local Control Authority, who would be responsible for them and are allowed to arrange with the Education Authority for the education and training at suitable centres.

(b) *Older children*. At the age of 11+, when transference to Senior Schools becomes due, the less retarded group will again be surveyed when those found unsuitable for retention in the less retarded group will be notified to the local Control Authority, who will then become responsible for their future education, care and control.

This would entail the necessity of the Local Control Authority having special powers to enforce attendance of the child at a Centre suitable to its needs.

- (v) Placing the responsibility for children requiring special residential or Institutional treatment on the Local Control Authority.
- (vi) Assuming that the school leaving age for normal children is to be fixed as on attaining 15 years, the same age leaving limit to apply to the mentally defective child.
- (vii) *Certification.* That the power of certification shall be retained by the Local Education Authority and not as at present be limited to those over 7 years of age, but apply to the ages within the compulsory school attendance age.
- (viii) That necessity for certification of the school child should be guided by the same criterion as that for feeble-minded adults.
- (ix) If a child is found mentally defective this should automatically bring him under the jurisdiction of the Local Education Authority or Local Control Authority as the case demands. He should not be left under the Poor Law or Public Assistance Committee.
- (x) Local Authorities to be consulted in the case of all young offenders before a court rendering them liable to be sent to a reformatory or industrial school, with a view to a medical or psychological examination, and similarly in the case of supposed mentally defective children in attendance at industrial and reformatory schools.

Should these recommendations come into force it will certainly tend to procure a much more complete registration of the apparently ever increasing mentally defective population.

It has been stated previously in these reports that an advantage would be gained if backward classes were organised. These have shown little tendency to mature in the past. If the joint report succeeds in producing these much will have been gained. With regard to the abolition of certification there will be much disagreement. As in the past it has often been difficult to get parents to realise a mental defect in their child, is it likely to be easier in the future?

The lowering of the leaving age to make it coincide with that of the normal child will no doubt be welcome, as although everyone must realise the advantage in control and character training gained by keeping the defective at school until 16 years of age, the difficulties encountered with the parents in attaining this extra year's tuition, will to outweigh the advantages gained.

Whilst the suggestions of the Committee are for the provision of suitable care, control and training of the existing mentally defectives, careful consideration will be evident that the great problem before the County is how to check the propagation of these mentally maimed members of society in future and thereby relieve

the useful citizen of the heavy burden of providing for this apparently increasing proportion of ineffectives in the population.

Children who have left special schools are, as stated above, reported to the Local Control Authority for further control and supervision.

In addition, the Head Teachers of the Romford and Grays Special Schools show a particular interest in their old scholars, thereby keeping in touch with them and are frequently able to assist them with kind advice and at times in getting employment. In last year's report an analysis of the occupations followed by old scholars at these two schools was given.

The following is a report of those leaving in 1929, viz. :—

Boys: Casual labour, 4; newspaper boy, 3; in residential institutions, 2; and one each as waiter, helper at garage, builder's boy, 1 boy and window cleaner; one was excluded as ineducable and one left the district.

Girls: Two help at home and one is employed in paper mills.

#### 18. Nursery Schools. Nil. (See 2 (b)).

#### 19. Secondary Schools.

During the year there has been a marked advance in providing accommodation for secondary pupils.

Two newly built schools have been opened, viz.,

Leyton County High for Boys.

Ilford County High for Girls.

Additional accommodation has been added to—

Braintree County High (new laboratories).

Walthamstow County High for Girls (library and laboratory).

Woodford County High for Girls (classrooms, etc.)

Romford Royal Liberty Boys (12 classrooms).

The Leytonstone County High School for Boys old temporary buildings have been closed.

These changes increase the accommodation for secondary pupils to 7255 compared to 6611 for 1928, the present accommodation for pupils being as follows

	No.	Accommodation.	No. on Books.	
			Boys.	Girls.
Schools in Part III area	10	4202	1736	2337
Schools in remainder of County	9	3053	1009	1930
Totals	19	7255	2745	4267

Trade schools in Part III area number 4, with 885 pupils on books (boys 194).

Detail is given of examinations carried out in these schools in Tables I S. and

At routine inspections 2799 pupils were examined and 24 specials; re-  
ninations were made of 1636 pupils.

The number of individual pupils referred for treatment at routine inspections was  
(excluding uncleanliness and dental diseases) i.e., 14 per cent. of those examined.

Percentages for the previous five years are given for comparison :—

1928.	1927.	1926.	1925.	1924.
9.8	10.9	12	9.3	8.3

This continuous high percentage of defects found requiring treatment in the  
secondary school child requires careful consideration and implies that insuffi-  
cient information is given by parents to the necessity of early remedy for defective conditions  
would suggest that extra facilities for treatment are required amongst the  
Secondary School population.

Cases of defective vision contribute largely to these figures, 7.5 per cent. being  
referred as needing treatment for this condition, whereas in elementary school children  
the figure given for the year is 3.8 per cent.; the latter, of course, includes infants,  
which would tend to lower the percentage. This also raises the question of the  
influence and effect of high pressure of work and more especially home work on the  
vision of the secondary pupils. There is a general impression that home work is  
extensive in these schools, a subject well worthy of further enquiry.

Of other conditions requiring treatment, dental defects again show that these are  
not receiving the necessary care and attention. 17 per cent. were referred as in need  
of treatment and this percentage would probably be three times higher if routine  
examination had been made by a Dental Surgeon, with use of mirror and probe.

There is thus evidence that the treatment of the secondary school child is not  
presently carried out and that more careful following up and possibly provision of  
treatment for the secondary as for the elementary school child are needed.

If there is laxity of treatment of pupils in County Secondary Schools, where  
regular medical inspections are carried out and the parent is thus made aware of the  
conditions needing attention how much worse must be the conditions in the Aided  
Secondary Schools, where no medical inspection is arranged for.

## 2 Convalescent Schools are not established.

## 2 Miscellaneous.

### (a) Bursar and Scholarship Candidates.

Table III S. provides detail showing results found at the examinations of 721  
candidates in which 92 individual candidates were referred as in need of treatment.

Of these 52, or 7.2 per cent. were referred for defective vision and 175, or 24 per cent for dental treatment.

From the point of view of immediate treatment, these are the most hopeful group as candidates are not passed until the necessary treatment is received.

(b) *Teachers, &c.*

Medical Examinations were carried out and reports submitted on 37 teachers including 29 supplementary, 2 student, 3 pupil and 3 mistresses.

(c) *Propaganda Lectures, &c.*

As in previous years, the Medical Officers, County Health Inspector, Chief and Assistant Health Nurses and Health Visitors have given health talks and lectures to parents, scholars, Child Welfare Centres and Women's Institutes as and when required. In addition under the auspices of the Public Health Propaganda Sub-Committee, good work has been done by arranging demonstrations and lectures by the County Health Staff at different centres in connection with Health Weeks, &c.

These short talks, demonstrations, &c., must eventually produce a good effect and are worthy of the assistance and co-operation of all concerned.

(d) *Conference.*

In December a Conference of the County Health Visitors Staff was held, when addresses were given chiefly in connection with the health of the pre-school child and the objects of the Orthopaedic Scheme.

## 22. Employment of Children and Young Persons Regulations.

A summary of the work carried out under these regulations is as follows:—

		Boys.	Girls.	Totals.
(1) Submitted for examination	...	443	9	452
(2) Passed as fit	...	418	9	427
Employments:—				
(a) Farm work	...	9	—	9
(b) Home	...	29	5	34
(c) Gardening	...	9	—	9
(d) Paper delivery	...	224	2	226
(e) Milk delivery	...	27	—	27
(f) Errands	...	66	2	68
(g) Others (bread, caddying, grocery, etc.)	...	54	—	54

## 23. Special Enquiries.

With the continued pressure of general routine duties on the medical staff, it has again been found impossible to carry out any special enquiries which are worthy of record in this report.

## MEDICAL INSPECTION RETURNS.

## ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1929.

## A.—ROUTINE MEDICAL INSPECTIONS

Number of Code Group Inspections.

			Boys.	Girls.	Total.
Entrants	..	..	5,407	4,843	10,250
Intermediates	..	..	7,131	7,088	14,219
Leavers	..	..	4,048	3,652	7,700
Totals ..	..	..	16,586	15,583	32,169

## B.—OTHER INSPECTIONS.

			Boys.	Girls.	Total.
Number of Special Inspections	..		4,053	3,207	7,260
Number of Re-Inspections	..		12,165	11,286	23,451
Totals ..	..	..	16,218	14,493	30,711

TABLE II.  
A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1929.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)	
Malnutrition ..	75	854	249	119	
Uncleanliness : (See Table IV., Group V.)	49	295	194	64	
<b>Skin</b>					
Ringworm : Scalp ..	4	—	52	2	
Body ..	11	—	56		
Scabies ..	12	2	47		
Impetigo ..	122	15	1017	2	
Other Diseases (Non-Tuberculous)	82	66	930	20	
<b>Eye</b>					
Blepharitis ..	59	65	88	35	
Conjunctivitis ..	10	3	61	8	
Keratitis ..	—	1	4	—	
Corneal Opacities ..	5	—	10	1	
Defective Vision (excluding Squint)	1247	590	1113	207	
Squint ..	160	62	35	30	
Other Conditions ..	16	18	141	7	
<b>Ear</b>					
Defective Hearing ..	53	33	42	15	
Otitis Media ..	85	82	117	37	
Other Ear Diseases ..	5	7	79	1	
<b>Nose and Throat</b>					
Enlarged Tonsils only ..	972	1762	557	495	
Adenoids only ..	198	105	118	15	
Enlarged Tonsils and Adenoids ..	1202	162	656	20	
Other Conditions ..	41	508	168	134	
Enlarged Cervical Glands (Non-Tuberculous) ..	26	156	86	34	
Defective Speech ..	4	26	13	25	
<b>Teeth—Dental Diseases</b> .. (See Table IV., Group IV.)	8807	472	2548	87	
<b>Heart and Circulation</b>					
Heart Disease : Organic ..	32	337	111	124	
Functional ..	5	96	27	12	
Anaemia ..	156	725	67	139	
<b>Lungs</b>					
Bronchitis ..	26	26	94	10	
Other Non-Tuberculous Diseases ..	134	433	65	87	
<b>Tuberculosis</b>					
Pulmonary : Definite ..	3	—	5	1	
Suspected ..	—	1	18	2	
Non-Pulmonary : Glands ..	4	3	16	6	
Spine ..	1	—	2	2	
Hip ..	—	—	3	—	
Other Bones and Joints ..	1	2	3	4	
Skin ..	—	—	1	—	
Other Forms ..	1	—	—	—	
<b>Nervous System</b>					
Epilepsy ..	2	15	17	6	
Chorea ..	20	9	41	4	
Other Conditions ..	14	45	58	12	
<b>Deformities</b>					
Rickets ..	18	107	14	13	
Spinal Curvature ..	24	20	14	7	
Other Forms ..	164	356	163	94	
<b>Other Defects and Diseases</b> ..	420	932	591	400	

TABLE II.—*continued.*

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION  
REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES.)

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
<b>CODE GROUPS :—</b>			
Entrants	10250	1676	16·35
Intermediates	14219	2462	17·31
Leavers	7700	1090	14·15
Total (Code Groups)	32,169	5228	16·25
Other Routine Inspections	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1929.

—	—	—	Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	16	9	25
		Attending Public Elementary Schools ...	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	—	1
Deaf (including deaf and dumb and partially deaf)	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	10	10	20
		Attending Public Elementary Schools ...	13	9	22
		At other Institutions ...	1	1	2
		At no School or Institution ...	1	3	4
	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	15	11	26
		Attending Public Elementary Schools ...	3	2	5
		At other Institutions ...	—	1	1
		At no School or Institution ...	3	1	4
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	3	1	4
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	3	4

TABLE III—*continued.*

			Boys.	Girls.	Total.
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children ...	112	54	166
		Attending Public Elementary Schools ...	109	54	163
		At other Institutions ...	—	1	1
		At no School or Institution ...	32	18	50
	Notified to the Local Control Authority during the year.	Feeble-minded ...	18	7	25
		Imbeciles ...	23	6	29
		Idiots ...	2	2	4
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	6	—	6
		In Institutions other than Certified Special Schools ...	1	—	1
		Attending Public Elementary Schools ...	4	5	9
		At no School or Institution ...	3	3	6
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	21	14	35
		At no School or Institution ...	5	2	7
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At other Institutions ...	—	1	1
		At no School or Institution ...	4	4	8
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open Air Schools ...	14	17	31
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	134	105	239
		At other Institutions ...	—	—	—
		At no School or Institution ...	10	17	27
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, &c.)	At Certified Residential Open Air Schools ...	8	10	18
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	232	177	409
		At other Institutions ...	2	—	2
		At no School or Institution ...	21	21	42
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	7	21	28
		At Public Elementary Schools ...	46	48	94
		At other Institutions ...	1	—	1
		At no School or Institution ...	7	3	10
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	12	3	15
		At Certified Day Cripple Schools ...	10	13	23
		At Public Elementary Schools ...	201	160	361
		At other Institutions ...	—	—	—
		At no School or Institution ...	19	13	32

TABLE IV.

## RETURN OF DEFECTS TREATED DURING 1929.

## GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.			Total. (4)
	Under the Authority's Scheme. (2)	Otherwise. (3)		
Ringworm-Scalp...	131	22		153
Ringworm-Body	139	6		145
Scabies	114	12		126
Impetigo	1930	139		2069
Other skin disease	1352	108		1460
nor Eye Defects	691	143		834
External and other, but excluding cases falling in Group II.)				
nor Ear Defects	419	216		635
scellaneous e.g., minor injuries, bruises, sores, chilblains, &c.)	362	4877		8539
Total	8438	5523		13961

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as  
Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.				Total. (5)
	Under the Authority's Scheme. (2)	Submitted to refraction by private practi- tioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)		
ors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ...	2038	359	510		2907
Major Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	6	5		11
Total	2038	365	515		2918

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	..	..	..	..	1220
(b) Otherwise	..	..	..	..	150

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	..	..	..	..	1197
(b) Otherwise	..	..	..	..	148

TABLE IV.—*continued.*

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme —in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total number treated.
(1)	(2)	(3)	(4)	(5)
1709	355	2064	2329	4393

## GROUP IV.—DENTAL DEFECTS.

## (1) Number of Children who were :—

## (a) Inspected by the Dentist :—

## Aged :—

Routine Age Groups	5 ... 2103	Total ... 19577
	6 ... 2360	
	7 ... 2407	
	8 ... 2727	
	9 ... 2726	
	10 ... 1857	
	11 ... 1666	
	12 ... 1764	
	13 ... 1626	
	14 ... 341	

Specials ... ... ... 22

Grand Total ... 19599

(b) Found to require treatment ... 13913

(c) Actually treated ... ... 7341

(d) Re-treated during the year as the result of periodical examination ... 669

## (2) Half-days devoted to :—

Inspection ... 127 } Total ... 580  
Treatment ... 453 }

(3) Attendances made by children for treatment ... ... ... 7341

## (4) Fillings :—

Permanent teeth 1225 } Total ... 1508  
Temporary teeth 280 }

## (5) Extractions :—

Permanent teeth 2549 } Total ... 1930  
Temporary teeth 16751 }

(6) Administrations of general anaesthetics for extractions ... 485

## (7) Other operations :—

Permanent teeth 126 } Total ... 28  
Temporary teeth 161 }

TABLE IV.—*continued.*

## GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	...	11
(ii.) Total number of examinations of children in the Schools by School Nurses	...	278,675						
iii.) Number of individual children found unclean	...	...	...	...	...	...	2,414	
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	...	4	
(v.) Number of cases in which legal proceedings were taken :—								
(a) Under the Education Act, 1921	...	...	...	...	...	...	4	
(b) Under School Attendance Bye-laws	...	...	...	...	...	...	14	

## SECONDARY SCHOOLS.

TABLE I. S.

## RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1929.

## A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections.

Age.	Under 12	12	13	14	15 & over.	Totals.
Boys	236	241	187	181	275	1120
Girls	495	306	186	372	320	1679
Totals...	731	547	373	553	595	2799

## B.—OTHER INSPECTIONS.

	Special Cases.	Re-examinations.
Boys	10	155
Girls	14	1481
Totals	24	1636

Number of individual children found at Routine Medical Inspections to require treatment (excluding uncleanliness and dental diseases) ... 392

TABLE II. S.  
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION, YEAR ENDED  
31ST DECEMBER, 1929.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION, YEAR ENDED  
 31ST MARCH, 1929.  
 SCHOLARSHIP HOLDERS, BURSARS, ETC.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		(1)	(2)	(3)	(4)
	Malnutrition	...	—	4	—
	Uncleanliness	...	3	1	—
Skin	Ringworm :				
	Scalp	...	—	—	—
	Body	...	—	—	—
	Scabies	...	—	—	—
	Impetigo	...	2	1	—
	Other Diseases (Non-Tuberculous)	...	—	—	—
Eye	Blepharitis	...	—	1	—
	Conjunctivitis	...	—	—	—
	Keratitis	...	—	—	—
	Corneal Opacities	...	52	34	—
	Defective Vision (excluding Squint)	...	—	3	1
Ear	Squint	...	—	—	—
	Other Conditions	...	—	—	—
	Defective Hearing	...	—	—	—
Nose and Throat	Otitis Media	...	—	2	—
	Other Ear Diseases	...	—	—	—
	Enlarged Tonsils only	...	12	36	—
	Adenoids only	...	3	1	—
	Enlarged Tonsils and Adenoids	...	9	—	—
	Other Conditions	...	2	14	—
	Enlarged Cervical Glands (Non-Tuberculous)	...	—	—	—
	Defective Speech	...	—	—	—
Heart and Circulation	Dental Disease	...	175	7	2
	Heart Disease :				
	Organic	...	—	8	—
	Functional	...	1	1	4
Lungs	Anæmia	...	—	—	—
	Bronchitis	...	—	—	—
	Other Non-Tuberculous Diseases	...	—	—	—
Tuberculosis	Pulmonary :				
	Definite	...	—	—	—
	Suspected	...	—	—	—
	Non-Pulmonary :				
	Glands	...	—	—	—
	Spine	...	—	—	—
	Hip	...	—	—	—
Nervous System	Other Bones and Joints	...	—	—	—
	Skin	...	—	—	—
	Other Forms	...	—	—	—
Deformities	Epilepsy	...	—	—	—
	Chorea	...	—	—	—
	Other Conditions	...	—	—	—
Other Defects and Diseases	Rickets	...	—	1	—
	Spinal Curvature	...	—	1	—
	Other Forms	...	2	19	1
	Total number examined	...	721	—	—
	Number of Individual Children found to require Treatment (excluding uncleanliness and dental treatment)	...	75	—	—

